

Town of Lunenburg

Capital Improvement Planning Department Requests



Fiscal Year 2013 - 2018

November 2011

FY2013 - 2018 Capital Improvement Plan

Department Requests

| | FY13 | FY14 | FY15 | FY16 | FY17 | FY18 |
|---------------------------------------|------------|------------|------------|------------|------------|------------|
| Planning Department | | | | | | |
| Master Plan | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| sub-total: Planning | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Technology | | | | | | |
| Annual Replacement Plan | \$ 95,062 | \$ 67,700 | \$ 40,100 | \$ 27,300 | \$ 57,400 | \$ 64,750 |
| sub-total: Technology | \$ 95,062 | \$ 67,700 | \$ 40,100 | \$ 27,300 | \$ 57,400 | \$ 64,750 |
| Department of Public Works | | | | | | |
| Emergency Generator | \$ 60,000 | \$ - | \$ - | \$ - | \$ - | \$ - |
| Front End Loader | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Asphalt Roller & Trailer | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Backhoe, Rubber Tire | \$ - | \$ 106,000 | \$ - | \$ - | \$ - | \$ - |
| Street Sweeper | \$ - | \$ 185,000 | \$ - | \$ - | \$ - | \$ - |
| Pickup Truck, 1-ton crew w/ plow | \$ 40,000 | \$ - | \$ - | \$ 31,000 | \$ 31,000 | \$ - |
| 6-wheel dump truck w/ plow & sander | \$ - | \$ 135,000 | \$ - | \$ - | \$ - | \$ - |
| Pickup Truck, 4 x 4, w/plow | \$ 35,000 | \$ - | \$ - | \$ - | \$ - | \$ - |
| sub-total: Department of Public Works | \$ 135,000 | \$ 426,000 | \$ - | \$ 31,000 | \$ 31,000 | \$ - |
| Pavement Management Plan | | | | | | |
| Annual Plan | \$ 800,000 | \$ 800,000 | \$ 800,000 | \$ 800,000 | \$ 800,000 | \$ 800,000 |
| sub-total: Pavement Management Plan | \$ 800,000 | \$ 800,000 | \$ 800,000 | \$ 800,000 | \$ 800,000 | \$ 800,000 |

FY2013 - 2018 Capital Improvement Plan

Department Requests

| | FY13 | FY14 | FY15 | FY16 | FY17 | FY18 |
|--|-----------|------|------|------|------|------|
| Facilities Department: | | | | | | |
| Eagle House Senior Center | | | | | | |
| Exterior Siding | | | x | | | |
| ADA Compliant Walkway & Ramp to Connect Lots | x | | | | x | |
| HVAC | | | | | | |
| Fire/ Sprinkler System | | x | | | | |
| Public Safety Building | | | | | | |
| Parks, Beach House | | | | | | |
| Siding | | x | | | | |
| Ritter Memorial Building | | | | | | |
| Roof, Asphalt Section Only | \$ 18,000 | | | | | |
| HVAC | | | x | | | |
| Library | | | | | | |
| Siding | | | | x | | |
| Flooring | | x | | | | |
| Chester Mossman Teen Center | | | | | | |
| DPW Facility | | | | | | |
| Town Hall | | | | | | |
| Windows | | x | | | | |
| Siding | x | x | \$ - | \$ - | \$ - | \$ - |
| sub-total: Facilities Department | \$ 18,000 | \$ - | \$ - | \$ - | \$ - | \$ - |

FY2013 - 2018 Capital Improvement Plan

Department Requests

| Department Requests | | | | | | | |
|---|------------------|-------------------|-------------------|---------------------|-------------------|-------------------|---------|
| | FY13 | FY14 | FY15 | FY16 | FY17 | FY18 | |
| Fire Department | | | | | | | |
| Pickup Truck/ Plow Vehicle/ Primary Town Vehicle [M -1] | \$ - | \$ - | \$ 60,000 | \$ - | \$ - | \$ - | - |
| Engine 1, Replace | \$ | \$ | \$ | \$ 550,000 | | | |
| Engine 2, Re-outfit | \$ | \$ | \$ | \$ | \$ | \$ | - |
| Tanker | \$ | \$ | \$ | \$ | \$ | \$ | - |
| Trench Rescue Unit/ Trailer | \$ | \$ | \$ | \$ | \$ | \$ | - |
| Rescue Ambulance & Associated Equipment [R-2] | \$ | \$ 180,000 | \$ | \$ | \$ | \$ | - |
| 2 Special Operations Trailers[replacement] | \$ | \$ | \$ | \$ | \$ 15,000 | \$ | - |
| Chief's Vehicle | | | \$ 35,000 | | | | |
| Radios, Vehicle Mounted for DPW/ Portable for Police | \$ | \$ | \$ | \$ | \$ | \$ | - |
| Town-wide Radio/ Communications System | \$ | \$ | \$ 200,000 | \$ | \$ | \$ | - |
| Pumper Truck [E-1] | \$ | \$ | \$ | \$ 600,000 | \$ | \$ | - |
| Ladder Truck [L-1] | \$ | \$ | \$ | \$ | \$ | \$ | 850,000 |
| Pumper Truck [E-4], paint & repair | \$ 35,000 | \$ | \$ | \$ | \$ | \$ | - |
| sub-total: Fire Department | \$ 35,000 | \$ 180,000 | \$ 295,000 | \$ 1,150,000 | \$ 15,000 | \$ 850,000 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Police Department | | | | | | | |
| Bullet-proof Vests | \$ | \$ | \$ | \$ | \$ | \$ | - |
| Marked or Unmarked Cruisers | \$ | \$ 144,000 | \$ 96,000 | \$ 100,000 | \$ 150,000 | \$ 152,000 | |
| On-Board Video Recording Cameras | \$ | \$ | \$ | \$ | \$ | \$ | - |
| Other Police Vehicles | \$ | \$ | \$ | \$ | \$ | \$ | - |
| Firearms, 30 new sidearms [replacement] | | \$ 45,000 | \$ | \$ | \$ | \$ | - |
| Tazers, 6 units | \$ 12,000 | \$ | \$ | \$ | \$ | \$ | - |
| sub-total: Police Department | \$ 12,000 | \$ 189,000 | \$ 96,000 | \$ 100,000 | \$ 150,000 | \$ 152,000 | |

FY2013 - 2018 Capital Improvement Plan

Department Requests

| Department Requests | | | | | | | |
|---|------------------|------------------|------------------|-------------|------------------|------------------|--|
| | FY13 | FY14 | FY15 | FY16 | FY17 | FY18 | |
| Library | | | | | | | |
| Paint Study & Meeting Rooms | \$ - \$ | - | \$ 10,000 | \$ - | \$ - | \$ - | |
| Reupholster Furniture [50%] | \$ - \$ | - | \$ 12,750 | \$ - | \$ 12,750 | \$ - | |
| Seal, Coat & Stripe Parking Lot | \$ - \$ | - | \$ 10,000 | \$ - | \$ - | \$ - | |
| Replace Main Entrance Doors | \$ 10,000 | | | | | | |
| Replace Carpeting in Main Hall | \$ - \$ | - | \$ - | \$ - | \$ - | \$ - | |
| Replace Carpeting in Building | \$ - \$ | - | \$ 30,000 | \$ - | \$ - | \$ - | |
| Paint Building Exterior | \$ 60,000 | | | | | | |
| Paint Building Interior | \$ - \$ | - | \$ 20,000 | \$ - | \$ - | \$ - | |
| Replace Media Cabinets & Shelving [50%] | \$ - \$ | - | \$ - | \$ - | \$ - | \$ 10,000 | |
| sub-total: Library | \$ 70,000 | \$ 40,000 | \$ 52,750 | \$ - | \$ 12,750 | \$ 10,000 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Council on Aging | | | | | | | |
| Parking Lot | \$ - \$ | - | \$ - | \$ - | \$ - | \$ - | |
| sub-total: Council on Aging | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| | | | | | | | |
| | | | | | | | |
| Sewer Enterprise | | | | | | | |
| VFD Motors fpr Pump Stations | \$ 13,175 | | | | | | |
| Pickup Truck w/ plow | | | \$ 31,000 | | | | |
| GIS Mapping of Infrastructure | \$ - \$ | - | \$ - | \$ - | \$ - | \$ - | |
| sub-total: Sewer Enterprise | \$ - | \$ 13,175 | \$ 31,000 | \$ - | \$ - | \$ - | |

FY2013 - 2018 Capital Improvement Plan

Department Requests

| Department Requests | | | | | | | |
|-----------------------------------|------------|------------|-----------|--------------|------|-----------|---------|
| | FY13 | FY14 | FY15 | FY16 | FY17 | FY18 | |
| Lunenburg Public Schools | | | | | | | |
| Primary School | | | | | | | |
| Replace Café Floor | \$ - | \$ - | \$ - | \$ - | - \$ | - \$ | 30,000 |
| Upgrade Control System | \$ - | \$ - | \$ - | \$ - | - \$ | - \$ | - |
| Upgrade Phone System | \$ - | \$ - | \$ - | \$ - | - \$ | - \$ | - |
| TC Passios Elementary | | | | | | | |
| Upgrade Electrical | \$ - | \$ 160,000 | \$ - | \$ - | - \$ | - \$ | - |
| Upgrade Plumbing | \$ - | \$ 50,000 | \$ - | \$ - | - \$ | - \$ | - |
| Roof Re-Seaming | \$ 107,920 | \$ - | \$ - | \$ - | - \$ | - \$ | - |
| Upgrade Fire Alarm System | \$ - | \$ - | \$ 90,000 | \$ - | - \$ | - \$ | - |
| Replace Phone/ Intercom System | \$ - | \$ - | \$ - | \$ 60,000 | - \$ | - \$ | 150,000 |
| Flooring Replacement | \$ - | \$ - | \$ - | \$ - | - \$ | - \$ | - |
| Replace Sidewalks | \$ - | \$ - | \$ - | \$ - | - \$ | - \$ | - |
| Replace Drop Ceilings | \$ - | \$ - | \$ - | \$ - | - \$ | - \$ | - |
| Turkey Hill Middle School | | | | | | | |
| Parking Lot Repavement | \$ - | \$ - | \$ - | \$ - | - \$ | - \$ | - |
| Snow Guards for Gym Roof Edges | \$ 30,750 | | | | | | |
| Whiteboards | \$ - | \$ - | \$ - | \$ - | - \$ | - \$ | - |
| Gym Bleacher Replacement | \$ - | \$ - | \$ - | \$ - | - \$ | - \$ | - |
| Sand/ Refinish Gym Floor | \$ - | \$ - | \$ - | \$ - | - \$ | - \$ | - |
| Renovations, Critical & Necessary | \$ - | \$ - | \$ - | \$ 4,013,606 | - \$ | - \$ | - |
| Wheelchair Lift to Stage | \$ - | \$ - | \$ 20,000 | \$ - | - \$ | - \$ | - |
| Ceiling Tiles | \$ 40,000 | | | | | | |
| Drop Ceilings | \$ - | \$ - | \$ - | \$ - | - \$ | 85,000 \$ | - |

FY2013 - 2018 Capital Improvement Plan

Department Requests

| | | | | | | | | | | | | |
|---|----|-----------|----|-----------|----|-----------|----|-----------|----|-----------|----|-----------|
| Flooring | \$ | - | \$ | - | \$ | - | \$ | - | \$ | 100,000 | \$ | - |
| High School | | | | | | | | | | | | |
| Asbestos Abatement | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - |
| Main Entry, ADA Accessibility | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - |
| Athletic Field, ADA Accessibility & Safety Issues | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - |
| Feasibility Study | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - |
| Renovations, Critical & Necessary | \$ | 2,805,490 | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - |
| District-wide | | | | | | | | | | | | |
| Instruction Technology | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - |
| Pickup Truck | \$ | 33,000 | \$ | - | \$ | 28,000 | \$ | - | \$ | - | \$ | - |
| sub-total: Lunenburg Public Schools | \$ | 3,017,160 | \$ | 210,000 | \$ | 138,000 | \$ | 4,073,606 | \$ | 185,000 | \$ | 180,000 |
| GRAND TOTAL: | \$ | 4,182,222 | \$ | 1,925,875 | \$ | 1,452,850 | \$ | 6,181,906 | \$ | 1,251,150 | \$ | 2,056,750 |

7. Cost Information - Attach three written estimates.

| | Per Unit | Total | Cost In Fiscal Year Ending | | |
|------------------------------------|----------|-------|----------------------------|---------------|----------|
| | | | Year | | |
| Purchase Price | | | 0 | June 30, 2013 | \$95,062 |
| Financing/Other Costs | | | 1 | June 30, | |
| Less Trade In | | | 2 | June 30, | |
| Net Purchase Cost | | | 3 | June 30, | |
| | | | 4 | June 30, | |
| | | | 5 | June 30, | |
| Estimated Annual Maintenance Cost: | | | 6 Year Total: | | |

8. Manufacturer/Vendor Warranties Provided: _____

9. Estimated Usage of Requested Equipment:

* Is Equipment Use Seasonal? No

* Estimated Weeks Per Year Used: 52

* For Weeks Used, Estimated Average Days Per Week: 5 days per week average

* For Days Used, Estimated Hours Per Day Used: _____

Estimated Useful Life of Equipment: 3 to 4 years

10. Justification: _____

11. If this is first request for equipment needed immediately, explain how need created.

Kerry Speidel

From: mbenson@lunenburgonline.com
Sent: Tuesday, October 04, 2011 9:07 AM
To: Speidel, Kerry
Subject: Fwd: FY13 Capital Plan
Attachments: FY13 Form B Technology Requests.xls; FY13 Capital Plan.xls

I am attaching my Form B with Capital Requests. I am also including a spreadsheet that has detailed requests by Town Department.

There are a lot of requests this year and I realize that some of them may have to be cut, so I will tell you what my priorities are.

All of the replacement computers and printers should be kept, as they are very old and may not last another year. My requests for the Town Hall include a new Munis server along with upgraded software. That is a priority for me, as the server is old and Munis is the single most important system we have. Also, my request to rewire the cat5 cabling in Town Hall should be kept, as the wiring is currently terminated in a very dangerous location, and the present wiring is horrendous. The Police Department has the most expensive requests, and unfortunately, they are a priority as they are at a point where they need to upgrade their IMC server and related peripherals. The SmartBoards for the Town Hall and Ritter are something we have been wanting for a couple of years now, but they are very expensive. Perhaps we could do one this year and another next year. The Fire Department would like to install a 50" TV on the wall of the garage. This would act as a monitor for their dispatch computer and would allow everyone to see the dispatch info while they prepare to leave. This is a very expensive item that could probably wait another year (Chief Glenny might not agree).

The Eagle House is in bad need of new equipment, but if we have to wait another year I could recycle some computers to them. Three of the targeted computers are the ones that the senior citizens use. Their current ones are so old they are barely usable. There will be a few kind of decent ones I could give them after we replace the PCs I listed at the Ritter building.

Please call me with any questions you may have.

Nancy Strom
Information Technology Director
Lunenburg Public Schools
1079 Massachusetts Ave.
Lunenburg, MA 01462
978-582-4115 ext 118 (High School)
978-582-4135 (Town Hall)
978-868-8854 (cell)

| | | | | | | | | |
|------------------------------|---|-------|----------------|---------------------------------------|--|--|--|--|
| Laptop - Barb | 1 | 1500 | 1500 | Replacement | | | | |
| Total | | | \$1,500 | | | | | |
| <u>Building Dept.</u> | | | | | | | | |
| Computers Mike and Lisa | 2 | 950 | 1900 | Replacements | | | | |
| Total | | | \$1,900 | | | | | |
| <u>Conservation</u> | | | | | | | | |
| Laptop - Jan | 1 | 1500 | 1500 | Replacement | | | | |
| Total | | | \$1,500 | | | | | |
| <u>Public Library</u> | | | | | | | | |
| Projector | 1 | 700 | 700 | Have asked for a couple of years now. | | | | |
| Public Laser Printer | 1 | 300 | 300 | Replacement | | | | |
| Color Staff laser printer | 1 | 400 | 400 | Replacement | | | | |
| Total | | | \$1,400 | | | | | |
| <u>Eagle House</u> | | | | | | | | |
| Laptop for Doreen | 1 | 1500 | 1500 | Replacement | | | | |
| Color Printer | 1 | 400 | 400 | Replacement | | | | |
| Black laser printer | 1 | 300 | 300 | Replacement | | | | |
| PCs | 3 | 950 | 2850 | Replacement | | | | |
| Total | | | \$5,050 | | | | | |
| <u>Town Clerk</u> | | | | | | | | |
| Computer - Lynn | 1 | 950 | 950 | Replacement | | | | |
| Total | | | \$950 | | | | | |
| <u>DPW</u> | | | | | | | | |
| Small Server or Large PC | 1 | 2000 | 2000 | To build a domain | | | | |
| Total | | | \$2,000 | | | | | |
| <u>Accounting</u> | | | | | | | | |
| Printer for Karen | 1 | 300 | 300 | Replacement | | | | |
| Total | | | \$300 | | | | | |
| <u>Town Hall</u> | | | | | | | | |
| Munis Server | 1 | 6,654 | 6654 | Replacement | | | | |
| SQL Server for Munis | 1 | 567 | 567 | Munis Upgrade | | | | |

| | | | | | | | |
|--------------------------|---|-------|-----------------|--------------------------|--|--|--|
| Munis DB Conversion | 1 | 3,800 | 3800 | Munis Upgrade | | | |
| Switches | 1 | 1,801 | 1801 | Replacement | | | |
| Rewire cat5 | 1 | 4,444 | 4444 | Terminate in Server Room | | | |
| Total | | | | \$17,266 | | | |
| Tax Assessors | | | | | | | |
| Printer | 1 | 300 | 300 | Replacement | | | |
| Total | | | | \$300 | | | |
| Tech Office | | | | | | | |
| Laptop | 1 | 1,500 | 1500 | Replacement | | | |
| Total | | | | \$1,500 | | | |
| Total Recommended | | | \$95,062 | \$95,062 | | | |

Capital Planning - Technology Five Year Plan

Created 10/3/2011

| Department | Items | req 2014 | req 2015 | req 2016 | req 2017 | req 2018 |
|---------------------------------|-------------------------|-------------|--------------|-------------|--------------|-------------|
| <u>Treasurers/Tax Collector</u> | 2 PCs | \$1,900.00 | | | \$1,900.00 | |
| | 1 Laptop | | \$1,500.00 | | | \$ 1,500.00 |
| | 2 Printers | | \$1,500.00 | | | |
| <u>Town Clerk</u> | | | | | | |
| | 1 PC | \$950.00 | | | \$ 950.00 | |
| | 1 PC | | | \$ 950.00 | | |
| | 1 Printer | | | \$ 1,200.00 | | |
| <u>Eagle House</u> | | | | | | |
| | 1 PC | \$950.00 | | | \$ 950.00 | |
| | 1 Fax machine | \$400.00 | | | \$ 400.00 | |
| | 1 Laptop | | | \$ 1,500.00 | | |
| | 3 PCs | | | \$ 2,850.00 | | |
| <u>Police Department</u> | | | | | | |
| | 4 PCs | \$ 3,800.00 | \$ 3,800.00 | | \$3,800.00 | 3800 |
| | 2 laptops | \$3,000.00 | | | \$ 3,000.00 | |
| | 1 Mircs computer | | \$ 3,000.00 | | | \$ 3,000.00 |
| | 2 toughbooks | \$ 9,000.00 | | | \$ 9,000.00 | |
| | Replace IMC Server | | | | \$ 5,000.00 | |
| <u>Board of Selectmen</u> | | | | | | |
| | 1 PC | \$ 950.00 | | | \$ 950.00 | |
| | 2 Laptops | | 3000 | | | \$ 6,000.00 |
| | 2 printers | | 600 | | | |
| | 2 lpads w/3g | | | 1400 | | |
| | 7 lpads | | | 3000 | | |
| <u>Planning Office</u> | | | | | | |
| | 2 PCs | \$ 1,900.00 | | | \$ 1,900.00 | |
| | Printer | | \$ 300.00 | | | |
| <u>Public Library</u> | | | | | | |
| | 15 PCs | 14250 | \$ 14,250.00 | | \$ 14,250.00 | 14250 |
| | 2 Printers | | 900 | 900 | | |
| | 1 laptop | | 1500 | | | 1500 |
| <u>Fire Department</u> | | | | | | |
| | 1 Precision Workstation | | 3000 | | | 3000 |

| | CY2014 | FY2015 | FY2016 | FY2017 | FY2018 |
|--------------------------------|-------------|--------|--------|--------|--------|
| ToughBook | 5000 | | | 5000 | |
| 2 laptops | 3000 | | | 3000 | |
| 1 PC | | | 950 | | |
| | | | | | |
| | | | | | |
| <u>DPW</u> | | | | | |
| 6 PCs | | | 5700 | | 5700 |
| 1 laptop | | | 1500 | | 1500 |
| Printer | | | | 300 | |
| | | | | | |
| | | | | | |
| | | | | | |
| <u>Accounting</u> | | | | | |
| 1 laptop | | 1500 | | | 1500 |
| 2 PCs | | 1900 | | | 1900 |
| Payroll printer | 1200 | | | | 1200 |
| | | | | | |
| | | | | | |
| <u>Tax Assessors</u> | | | | | |
| 3 PCs | | 2850 | | 300 | |
| 1 printer | | | | | |
| | | | | | |
| <u>Town Hall</u> | | | | 6700 | |
| 1 Munis Server | | | | | 6700 |
| 1 Oracle Server | 6700 | | | | |
| 1 Application Server | 6700 | | | | |
| 1 Fax Machine | | 500 | | | |
| | | | | | |
| | | | | | |
| <u>Tech Office</u> | | | | | |
| 1 laptop | 1500 | | | | |
| 1 laptop | | | 1500 | | |
| | | | | | |
| | | | | | |
| <u>Ritter Building</u> | | | | | |
| 1 BDC Server | 6500 | | | | 6500 |
| | | | | | |
| <u>Building Department</u> | | | | | |
| 2 PCs | | | 1900 | | |
| | | | | | |
| <u>Sewer Department</u> | | | | | |
| 1 Laptop | | | 1500 | | |
| | | | | | |
| <u>BOH</u> | | | | | |
| 1 PC | | | 950 | | |
| | | | | | |
| <u>Conservation Commission</u> | | | | | |
| 1 Laptop | | | 1500 | | |
| | | | | | |
| | \$67,700.00 | 40100 | 27300 | 57400 | 64750 |
| FIVE YEAR PLAN | | | | | |

Form B
Capital Planning Committee
Town of Lunenburg, Massachusetts
Capital Equipment Request

Department: DPW

Contact Person: JACK RODRIQUENZ

Date: 6-Oct

1. Equipment to be acquired (quantity and description):

4 X 4 PICKUP WITH PLOW

2. Intended Use of Equipment:

VEHICLE ROTATION

3. Fiscal Year Purchase Requested:

☐

☐

☐

☐

☐

FY 13 ☒

FY 14 ☐

FY 15 ☐

FY 16 ☐

FY 17 ☐

4. Department Priority Within Year Requested

2 of 3 requests

5. Purpose of Expenditure (Check All That Apply)

Scheduled Replacement ☐

Present Equipment Obsolete ☐

Expanded Service ☐

Replace Worn Equipment ☒

Increased Safety ☒

New Operation ☐

Legal Requirement ☐

Improved Procedures/Records ☐

Other: _____

Replacement or New Item REPLACEMENT

Financial Impact on Operating Budget FEWER REPAIRS

Will Above Expenditure Create Increase in Number of Personnel NO

Will Above Expenditure Increase Operating Costs NO

Will Above Expenditure Require Additional Space NO

6. Alternatives to New Equipment Purchase Reviewed:

Transfer/Borrow Equipment From Another Department ☐

Equipment Rental ☐

Contract Services Out to Private Company ☐

Lease Purchase ☐

Purchase Equipment Jointly With Another Town ☐

Other: NONE

7. Cost Information

| | Per Unit | Total | Cost In Fiscal Year Ending | | | |
|------------------------------------|----------|-------------|----------------------------|----------|-------------|--|
| | | | Year | | | |
| Purchase Price | | \$35,000.00 | 0 | June 30, | | |
| Financing/Other Costs | | \$0.00 | 1 | June 30, | | |
| Less Trade In | | \$0.00 | 2 | June 30, | | |
| Net Purchase Cost | | \$35,000.00 | 3 | June 30, | | |
| | | | 4 | June 30, | | |
| | | | 5 | June 30, | | |
| Estimated Annual Maintenance Cost: | | 500-800 | 6 Year Total: | | \$35,000.00 | |

8. Manufacturer/Vendor Warranties Provided: 1 YEAR

9. Estimated Usage of Requested Equipment:

* Is Equipment Use Seasonal? NO

* Estimated Weeks Per Year Used: 52

* For Weeks Used, Estimated Average Days Per Week: 5

* For Days Used, Estimated Hours Per Day Used: 8

Estimated Useful Life of Equipment: 10 - 12 YEARS

10. Justification: Replacemt of vehicles in a timley manner is important to efficient operation. The existing pick-up could possibly be rotated to another function

11. Other Comments:

Form B
Capital Planning Committee
Town of Lunenburg, Massachusetts
Capital Equipment Request

Department: DPW

Contact Person: JACK RODRIQUENZ

Date: 17-Oct

1. Equipment to be acquired (quantity and description) Include detailed list of accessories or options.:

1 TON PICKUP WITH PLOW

2. Intended Use of Equipment:

YEAR ROUND INTERDEPARTMENTAL USE - CONTINUATION OF VEHICLE ROTATION

3. Fiscal Year Purchase Requested:

| | | | | | | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------|--------------------------|------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| FY13 | <input checked="" type="checkbox"/> | FY14 | <input type="checkbox"/> | FY15 | <input type="checkbox"/> | FY16 | <input type="checkbox"/> | FY17 | <input type="checkbox"/> |

4. Department Priority Within Year Requester # 3 of 3 requests

5. Purpose of Expenditure (Check All That Apply)

| | | | | | |
|------------------------|-------------------------------------|-----------------------------|-------------------------------------|------------------|--------------------------|
| Scheduled Replacement | <input type="checkbox"/> | Present Equipment Obsolete | <input type="checkbox"/> | Expanded Service | <input type="checkbox"/> |
| Replace Worn Equipment | <input checked="" type="checkbox"/> | Increased Safety | <input checked="" type="checkbox"/> | New Operation | <input type="checkbox"/> |
| Legal Requirement | <input type="checkbox"/> | Improved Procedures/Records | <input type="checkbox"/> | Other: | <u>Fewer repairs</u> |

If replacement, what is being replaced? 1 TON TRUCK

Financial Impact on Operating Budget PROJECTED FEWER REPAIRS INCREASE RELIABILITY

Will above expenditure 1) increase number of personnel, 2) reduce number of personnel, or 3) eliminate need for additional personnel?

NO

Will above expenditure 1) increase operating cost, or 2) reduce operating costs with improved efficiency? Give details.

NO

Will Above Expenditure Require Additional Space? NO

6. Alternatives to New Equipment Purchase Reviewed:

Transfer/Borrow Equipment From Another Department ☐
Contract Services Out to Private Company ☐
Purchase Equipment Jointly With Another Town ☐

Equipment Rental ☐
Lease Purchase ☐
Other: NONE

7. Cost Information - Attach three written estimates.

| | Per Unit | Total | Cost In Fiscal Year Ending | | | |
|-----------------------|----------|-------------|----------------------------|----------|--|--|
| | | | Year | | | |
| Purchase Price | | \$40,000.00 | 0 | June 30, | | |
| Financing/Other Costs | | | 1 | June 30, | | |
| Less Trade In | | | 2 | June 30, | | |
| Net Purchase Cost | | \$40,000.00 | 3 | June 30, | | |
| | | | 4 | June 30, | | |
| | | | 5 | June 30, | | |
| | | | 6 Year Total: | | | |

Estimated Annual Maintenance Cost: \$500.00

8. Manufacturer/Vendor Warranties Provided: 1 YEAR/ 12,000 MILES

9. Estimated Usage of Requested Equipment:

* Is Equipment Use Seasonal? NO

* Estimated Weeks Per Year Used: 52

* For Weeks Used, Estimated Average Days Per Week: 5

* For Days Used, Estimated Hours Per Day Used: 8

Estimated Useful Life of Equipment: 10 YEARS

10. Justification: To replace similar truck purchased 1983. Not to increase fleet

11. If this is first request for equipment needed immediately, explain how need created.

Department: DPW / Facilities Contact Person: Jack Date: Oct. 2011

Emergency back up generator

Provide emergency power

| | FY13 | FY14 | FY15 | FY16 | FY17 |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Scheduled Replacement ☐ Present Equipment Obsolete ☐ Expanded Service ☐
Replace Worn Equipment ☐ Increased Safety ☒ New Operation ☒
Legal Requirement ☐ Improved Procedures/Records ☐ Other: _____

Will above expenditure 1) increase number of personnel, 2) reduce number of personnel, or 3) eliminate need for additional personnel?

No

Increased safety

Equipment Rental ☐
Lease Purchase ☐
Other: _____

7. Cost Information - Attach three written estimates.

| | Per Unit | Total | Year | Cost In Fiscal Year Ending |
|---|----------|-------------|---------------|----------------------------|
| Purchase Price | | | 0 | June 30, |
| Financing/Other Costs | | | 1 | June 30, |
| Less Trade In | | | 2 | June 30, |
| Net Purchase Cost | | \$60,000.00 | 3 | June 30, |
| | | | 4 | June 30, |
| | | | 5 | June 30, |
| Estimated Annual Maintenance Cost: \$500.00 | | | 6 Year Total: | |

8. Manufacturer/Vendor Warranties Provided: One Year

9. Estimated Usage of Requested Equipment:

- * Is Equipment Use Seasonal? _____
- * Estimated Weeks Per Year Used: _____
- * For Weeks Used, Estimated Average Days Per Week: _____
- * For Days Used, Estimated Hours Per Day Used: _____

Estimated Useful Life of Equipment: 20+ years

10. Justification: Increased safety for seniors

11. If this is first request for equipment needed immediately, explain how need created.

To create a safe haven for seniors and others during power outages

| DEPARTMENT OF PUBLIC WORKS | 2013 | 2014 | 2015 | 2016 | 2017 |
|---------------------------------|---------|-----------|---------|---------|---------|
| Highway, Park, Cemetery | | | | | |
| Paving | 800,000 | 800,000 | 800,000 | 800,000 | 800,000 |
| 6-wheel dump w/ plow and sander | | | xx,xxx | | xx,xxx |
| Street Sweeper | | 185,000 / | | | |
| One Ton dump W/ Plow | 31,000 | | | 31,000 | |
| Pick up truck w/ Plow | 30,000 | | | | |
| Backhoe | | 106,000 / | | | |
| Facilities | | | | | 31,000 |
| Pick up Trk w/Plow | | | | | |
| Ritter | | | | | |
| Roofing | 18,000 | | | | |
| Library | | | | | |
| Director to Provide | | | | | |
| Eagle House | | | | | |
| ADA Access to Parking Lot | xxxx | | | | |
| Emergency Generator | 60,000 | | | | |
| Sewer | | | | | |
| VFD Motors | | 13,175 | | | |
| for Pump Stations | | | | | |
| Pick up Trk w/ Plow | | | 31,000 | | |

Form B
Capital Planning Committee
Town of Lunenburg, Massachusetts
Capital Equipment Request

Department: DPW Contact Person: Jack Date: Oct-11

1. Equipment to be acquired (quantity and description) Include detailed list of accessories or options.:

SUPPLEMENTAL FUNDING FOR ROAD REHABILITATION

2. Intended Use of Equipment:

ROAD REHABILITATION

3. Fiscal Year Purchase Requested:

| | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|--------------------------|-------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| FY 13 | <input type="checkbox"/> | FY 14 | <input type="checkbox"/> | FY 15 | <input type="checkbox"/> | FY 16 | <input type="checkbox"/> | FY 17 | <input type="checkbox"/> |

4. Department Priority Within Year Requester # 1 of 3 requests

5. Purpose of Expenditure (Check All That Apply)

| | | | | | |
|------------------------|--------------------------|-----------------------------|-------------------------------------|------------------|-------------------------------------|
| Scheduled Replacement | <input type="checkbox"/> | Present Equipment Obsolete | <input type="checkbox"/> | Expanded Service | <input checked="" type="checkbox"/> |
| Replace Worn Equipment | <input type="checkbox"/> | Increased Safety | <input checked="" type="checkbox"/> | New Operation | <input type="checkbox"/> |
| Legal Requirement | <input type="checkbox"/> | Improved Procedures/Records | <input type="checkbox"/> | Other: | <u> </u> |

If replacement, what is being replaced? Deteriorating roadways

Financial Impact on Operating Budget Supplemental

Will above expenditure 1) increase number of personnel, 2) reduce number of personnel, or 3) eliminate need for additional personnel?

Work to be subcontracted

Will above expenditure 1) increase operating cost, or 2) reduce operating costs with improved efficiency? Give details.

Will Above Expenditure Require Additional Space? No

6. Alternatives to New Equipment Purchase Reviewed:

| | | | |
|---|--------------------------|------------------|-----------------------------|
| Transfer/Borrow Equipment From Another Department | <input type="checkbox"/> | Equipment Rental | <input type="checkbox"/> |
| Contract Services Out to Private Company | <input type="checkbox"/> | Lease Purchase | <input type="checkbox"/> |
| Purchase Equipment Jointly With Another Town | <input type="checkbox"/> | Other: | <u> </u> |

7. Cost Information - Attach three written estimates.

| | Per Unit | Total | Year | Cost In Fiscal Year Ending | | |
|------------------------------------|----------|--------------|------|----------------------------|--|-----------|
| Purchase Price | | | 0 | June 30, | | |
| Financing/Other Costs | | | 1 | June 30, | | |
| Less Trade In | | | 2 | June 30, | | |
| Net Purchase Cost | | \$800,000.00 | 3 | June 30, | | |
| | | | 4 | June 30, | | |
| | | | 5 | June 30, | | |
| Estimated Annual Maintenance Cost: | | | | 6 Year Total: | | 4,800,000 |

8. Manufacturer/Vendor Warranties Provided: One year from instalation

9. Estimated Usage of Requested Equipment:

* Is Equipment Use Seasonal? _____

* Estimated Weeks Per Year Used: _____

* For Weeks Used, Estimated Average Days Per Week: _____

* For Days Used, Estimated Hours Per Day Used: _____

Estimated Useful Life of Equipment: _____

10. Justification: The worsening condition of our roadway system

11. If this is first request for equipment needed immediately, explain how need created.

Roadway conditions

BUILDING CONDITION SURVEY FORM

| | | | |
|-----------------------|---------------------------|----------------------|----------|
| Building Name: | Eagle House Senior Center | Survey Date: | 10/17/11 |
| Year Built: | 1740 | Completed By: | JB |

| <u>Exterior</u> | <u>Condition</u> | | | | | | <u>Year of Replacement</u> | | | | |
|-----------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|----------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| | Failure | Poor | Fair | Good | Excellent | N/A | 2013 | 2014 | 2015 | 2016 | 2017 |
| Roof | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Siding | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <u>Interior</u> | <u>Condition</u> | | | | | | <u>Year of Replacement</u> | | | | |
|-----------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| | Failure | Poor | Fair | Good | Excellent | N/A | 2013 | 2014 | 2015 | 2016 | 2017 |
| Electrical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plumbing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HVAC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Walls & Ceilings | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flooring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Furnishings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire/Sprinkler System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments

Two air leaks in the dry fire prevention system. Paint exterior trim. Install generator. Install ADA ramp to connect upper and lower parking lots.

Form B
Capital Planning Committee
Town of Lunenburg, Massachusetts
Capital Equipment Request

Department: DPW / Facilities

Contact Person: Jack

Date: Oct. 2011

1. Equipment to be acquired (quantity and description) Include detailed list of accessories or options.:

ADA compliant ramp/walkway installed to connect upper and lower level parking lots to the Eagle house

2. Intended Use of Equipment:

Increase parking area for seniors

3. Fiscal Year Purchase Requested:

| | | | | | | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|--------------------------|------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| FY13 | <input checked="" type="checkbox"/> | FY14 | <input type="checkbox"/> | FY15 | <input type="checkbox"/> | FY 16 | <input type="checkbox"/> | FY17 | <input type="checkbox"/> |

4. Department Priority Within Year Requester # 2 of 2 requests

5. Purpose of Expenditure (Check All That Apply)

| | | | | | |
|------------------------|-------------------------------------|-----------------------------|-------------------------------------|------------------|-------------------------------------|
| Scheduled Replacement | <input type="checkbox"/> | Present Equipment Obsolete | <input type="checkbox"/> | Expanded Service | <input checked="" type="checkbox"/> |
| Replace Worn Equipment | <input type="checkbox"/> | Increased Safety | <input checked="" type="checkbox"/> | New Operation | <input type="checkbox"/> |
| Legal Requirement | <input checked="" type="checkbox"/> | Improved Procedures/Records | <input type="checkbox"/> | Other: | <u> </u> |

If replacement, what is being replaced? N/A

Financial Impact on Operating Budget N/A

Will above expenditure 1) increase number of personnel, 2) reduce number of personnel, or 3) eliminate need for additional personnel?

No

Will above expenditure 1) increase operating cost, or 2) reduce operating costs with improved efficiency? Give details.

Will improve efficiency

Will Above Expenditure Require Additional Space? No

6. Alternatives to New Equipment Purchase Reviewed:

| | |
|---|--------------------------|
| Transfer/Borrow Equipment From Another Department | <input type="checkbox"/> |
| Contract Services Out to Private Company | <input type="checkbox"/> |
| Purchase Equipment Jointly With Another Town | <input type="checkbox"/> |

| | |
|------------------|--------------------------|
| Equipment Rental | <input type="checkbox"/> |
| Lease Purchase | <input type="checkbox"/> |
| Other: | <u>Construct new lot</u> |

7. Cost Information - Attach three written estimates.

| | Per Unit | Total | Cost In Fiscal Year Ending | | | |
|------------------------------------|----------|-------|----------------------------|----------|---------------|--|
| | | | Year | | | |
| Purchase Price | | | 0 | June 30, | | |
| Financing/Other Costs | | | 1 | June 30, | | |
| Less Trade In | | | 2 | June 30, | | |
| Net Purchase Cost | | | 3 | June 30, | | |
| | | | 4 | June 30, | | |
| | | | 5 | June 30, | | |
| Estimated Annual Maintenance Cost: | | | | | 6 Year Total: | |

8. Manufacturer/Vendor Warranties Provided: _____

9. Estimated Usage of Requested Equipment:

* Is Equipment Use Seasonal? _____

* Estimated Weeks Per Year Used: _____

* For Weeks Used, Estimated Average Days Per Week: _____

* For Days Used, Estimated Hours Per Day Used: _____

Estimated Useful Life of Equipment: _____

10. Justification: To expand senior parking and increase pedestrian and vehicle traffic around the senior center

11. If this is first request for equipment needed immediately, explain how need created.

_____ Need for more parking

BUILDING CONDITION SURVEY FORM

| | | | |
|-----------------------|------------------------|----------------------|----------|
| Building Name: | Public Safety Building | Survey Date: | 10/17/11 |
| Year Built: | 2004 | Completed By: | JB |

| <u>Exterior</u> | <u>Condition</u> | | | | | | <u>Year of Replacement</u> | | | | |
|-----------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Failure | Poor | Fair | Good | Excellent | N/A | 2013 | 2014 | 2015 | 2016 | 2017 |
| Roof | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Siding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <u>Interior</u> | <u>Condition</u> | | | | | | <u>Year of Replacement</u> | | | | |
|-----------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Failure | Poor | Fair | Good | Excellent | N/A | 2013 | 2014 | 2015 | 2016 | 2017 |
| Electrical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plumbing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HVAC | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls & Ceilings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flooring | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Furnishings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire/Sprinkler System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments

HVAC has been a chronic problem due to inferior construction. Plumbing leaks in different spots regularly. In valley areas on the roof ice dams form and leak in extreme conditions. Thousands have been spent due to less than adequate construction quality and oversight thereof.

BUILDING CONDITION SURVEY FORM

| | | | |
|-----------------------|------------|----------------------|----------|
| Building Name: | BeachHouse | Survey Date: | 10/18/11 |
| Year Built: | 1930 | Completed By: | JB |

| <u>Exterior</u> | <u>Condition</u> | | | | | | <u>Year of Replacement</u> | | | | |
|-----------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Failure | Poor | Fair | Good | Excellent | N/A | 2013 | 2014 | 2015 | 2016 | 2017 |
| Roof | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Siding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <u>Interior</u> | <u>Condition</u> | | | | | | <u>Year of Replacement</u> | | | | |
|-----------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Failure | Poor | Fair | Good | Excellent | N/A | 2013 | 2014 | 2015 | 2016 | 2017 |
| Electrical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plumbing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HVAC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls & Ceilings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flooring | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Furnishings | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire/Sprinkler System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments

Interior carpet is torn and worn. Siding will require painting.

BUILDING CONDITION SURVEY FORM

| | | | |
|-----------------------|--------|----------------------|----------|
| Building Name: | Ritter | Survey Date: | 10/17/11 |
| Year Built: | 1963 | Completed By: | JB |

| <u>Exterior</u> | <u>Condition</u> | | | | | | <u>Year of Replacement</u> | | | | |
|-----------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| | Failure | Poor | Fair | Good | Excellent | N/A | 2013 | 2014 | 2015 | 2016 | 2017 |
| Roof | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Siding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <u>Interior</u> | <u>Condition</u> | | | | | | <u>Year of Replacement</u> | | | | |
|-----------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|----------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| | Failure | Poor | Fair | Good | Excellent | N/A | 2013 | 2014 | 2015 | 2016 | 2017 |
| Electrical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plumbing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HVAC | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls & Ceilings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flooring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Furnishings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire/Sprinkler System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments

Roof replacement: Asphalt section only. Antiquated ac unit: parts not available. Replacement windows for energy efficiency.

Form B
Capital Planning Committee
Town of Lunenburg, Massachusetts
Capital Equipment Request

Department: DPW / Facilities

Contact Person: Jack

Date: Oct

1. Equipment to be acquired (quantity and description) Include detailed list of accessories or options.:

Roof replacement of asphalt section only, Ritter Memorial

2. Intended Use of Equipment:

3. Fiscal Year Purchase Requested:

| | | | | | | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|--------------------------|-------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| FY 15 | <input checked="" type="checkbox"/> | FY 16 | <input type="checkbox"/> | FY 17 | <input type="checkbox"/> | FY 18 | <input type="checkbox"/> | FY 19 | <input type="checkbox"/> |

4. Department Priority Within Year Requester # 3 of 3 requests

5. Purpose of Expenditure (Check All That Apply)

| | | |
|---|--|---|
| Scheduled Replacement <input type="checkbox"/> | Present Equipment Obsolete <input type="checkbox"/> | Expanded Service <input type="checkbox"/> |
| Replace Worn Equipment <input type="checkbox"/> | Increased Safety <input type="checkbox"/> | New Operation <input type="checkbox"/> |
| Legal Requirement <input type="checkbox"/> | Improved Procedures/Records <input type="checkbox"/> | Other: _____ |

If replacement, what is being replaced? Worn roofing

Financial Impact on Operating Budget _____

Will above expenditure 1) increase number of personnel, 2) reduce number of personnel, or 3) eliminate need for additional personnel?

Will above expenditure 1) increase operating cost, or 2) reduce operating costs with improved efficiency? Give details.

Will Above Expenditure Require Additional Space? _____

6. Alternatives to New Equipment Purchase Reviewed:

Transfer/Borrow Equipment From Another Department ☐

Contract Services Out to Private Company ☐

Purchase Equipment Jointly With Another Town ☐

Equipment Rental ☐

Lease Purchase ☐

Other: _____

7. Cost Information - Attach three written estimates.

| | Per Unit | Total | Year | Cost In Fiscal Year Ending | | |
|------------------------------------|----------|-------------|------|----------------------------|---------------|--|
| Purchase Price | | | 0 | June 30, | | |
| Financing/Other Costs | | | 1 | June 30, | | |
| Less Trade In | | | 2 | June 30, | | |
| Net Purchase Cost | | \$18,000.00 | 3 | June 30, | | |
| | | | 4 | June 30, | | |
| | | | 5 | June 30, | | |
| Estimated Annual Maintenance Cost: | | | | | 6 Year Total: | |

8. Manufacturer/Vendor Warranties Provided: One year

9. Estimated Usage of Requested Equipment: 25 years

* Is Equipment Use Seasonal? _____

* Estimated Weeks Per Year Used: _____

* For Weeks Used, Estimated Average Days Per Week: _____

* For Days Used, Estimated Hours Per Day Used: _____

Estimated Useful Life of Equipment: _____

10. Justification: Worn roofing

11. If this is first request for equipment needed immediately, explain how need created.

BUILDING CONDITION SURVEY FORM

| | | | |
|-----------------------|---------|----------------------|----------|
| Building Name: | Library | Survey Date: | 10/17/11 |
| Year Built: | 2005 | Completed By: | JB |

| <u>Exterior</u> | <u>Condition</u> | | | | | | <u>Year of Replacement</u> | | | | |
|-----------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|----------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| | Failure | Poor | Fair | Good | Excellent | N/A | 2013 | 2014 | 2015 | 2016 | 2017 |
| Roof | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Siding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <u>Interior</u> | <u>Condition</u> | | | | | | <u>Year of Replacement</u> | | | | |
|-----------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Failure | Poor | Fair | Good | Excellent | N/A | 2013 | 2014 | 2015 | 2016 | 2017 |
| Electrical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plumbing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HVAC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls & Ceilings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flooring | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Furnishings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire/Sprinkler System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments

Siding shows areas requiring painting. Carpeting is worn in many places.

BUILDING CONDITION SURVEY FORM

| | | | |
|-----------------------|-------------|----------------------|----------|
| Building Name: | Teen Center | Survey Date: | 10/19/11 |
| Year Built: | 2005 | Completed By: | JB |

| <u>Exterior</u> | <u>Condition</u> | | | | | | <u>Year of Replacement</u> | | | | |
|-----------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Failure | Poor | Fair | Good | Excellent | N/A | 2013 | 2014 | 2015 | 2016 | 2017 |
| Roof | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Siding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <u>Interior</u> | <u>Condition</u> | | | | | | <u>Year of Replacement</u> | | | | |
|-----------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Failure | Poor | Fair | Good | Excellent | N/A | 2013 | 2014 | 2015 | 2016 | 2017 |
| Electrical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plumbing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HVAC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls & Ceilings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flooring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Furnishings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire/Sprinkler System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments

BUILDING CONDITION SURVEY FORM

| | | | |
|-----------------------|--------------|----------------------|----------|
| Building Name: | DPW Facility | Survey Date: | 10/17/11 |
| Year Built: | 1970 | Completed By: | JB |

| <u>Exterior</u> | <u>Condition</u> | | | | | | <u>Year of Replacement</u> | | | | |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Failure | Poor | Fair | Good | Excellent | N/A | 2013 | 2014 | 2015 | 2016 | 2017 |
| Roof | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Siding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <u>Interior</u> | <u>Condition</u> | | | | | | <u>Year of Replacement</u> | | | | |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Failure | Poor | Fair | Good | Excellent | N/A | 2013 | 2014 | 2015 | 2016 | 2017 |
| Electrical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plumbing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HVAC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls & Ceilings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flooring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Furnishings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire/Sprinkler System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments

Currently under total renovation.

BUILDING CONDITION SURVEY FORM

| | | | |
|-----------------------|-----------|----------------------|----------|
| Building Name: | Town Hall | Survey Date: | 10/17/11 |
| Year Built: | 1820 | Completed By: | JB |

| <u>Exterior</u> | <u>Condition</u> | | | | | | <u>Year of Replacement</u> | | | | |
|-----------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Failure | Poor | Fair | Good | Excellent | N/A | 2013 | 2014 | 2015 | 2016 | 2017 |
| Roof | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Siding | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <u>Interior</u> | <u>Condition</u> | | | | | | <u>Year of Replacement</u> | | | | |
|-----------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Failure | Poor | Fair | Good | Excellent | N/A | 2013 | 2014 | 2015 | 2016 | 2017 |
| Electrical | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plumbing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HVAC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls & Ceilings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flooring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Furnishings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire/Sprinkler System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments

Old windows and lack of exterior insulation.

BUILDING CONDITION SURVEY FORM

| | | | |
|-----------------------|---------------|----------------------|------------|
| Building Name: | Park Building | Survey Date: | 10/17/2011 |
| Year Built: | | Completed By: | JB |

| <u>Exterior</u> | <u>Condition</u> | | | | | | <u>Year of Replacement</u> | | | | |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Failure | Poor | Fair | Good | Excellent | N/A | 2013 | 2014 | 2015 | 2016 | 2017 |
| Roof | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Siding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <u>Interior</u> | <u>Condition</u> | | | | | | <u>Year of Replacement</u> | | | | |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Failure | Poor | Fair | Good | Excellent | N/A | 2013 | 2014 | 2015 | 2016 | 2017 |
| Electrical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plumbing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HVAC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls & Ceilings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flooring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Furnishings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire/Sprinkler System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments

Clean out and demolish.

BUILDING CONDITION SURVEY FORM

| | | | |
|-----------------------|-------------------|----------------------|----------|
| Building Name: | Cemetery Building | Survey Date: | 10/19/11 |
| Year Built: | 1930 | Completed By: | JB |

| <u>Exterior</u> | <u>Condition</u> | | | | | | <u>Year of Replacement</u> | | | | |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Failure | Poor | Fair | Good | Excellent | N/A | 2013 | 2014 | 2015 | 2016 | 2017 |
| Roof | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Siding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <u>Interior</u> | <u>Condition</u> | | | | | | <u>Year of Replacement</u> | | | | |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Failure | Poor | Fair | Good | Excellent | N/A | 2013 | 2014 | 2015 | 2016 | 2017 |
| Electrical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plumbing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HVAC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls & Ceilings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flooring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Furnishings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire/Sprinkler System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments

Building should be demolished.

BUILDING CONDITION SURVEY FORM

| | | | |
|-----------------------|-------------|----------------------|----------|
| Building Name: | Jones House | Survey Date: | 10/17/11 |
| Year Built: | 1836 | Completed By: | JB |

| <u>Exterior</u> | <u>Condition</u> | | | | | | <u>Year of Replacement</u> | | | | |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Failure | Poor | Fair | Good | Excellent | N/A | 2013 | 2014 | 2015 | 2016 | 2017 |
| Roof | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Siding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <u>Interior</u> | <u>Condition</u> | | | | | | <u>Year of Replacement</u> | | | | |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Failure | Poor | Fair | Good | Excellent | N/A | 2013 | 2014 | 2015 | 2016 | 2017 |
| Electrical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plumbing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HVAC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls & Ceilings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flooring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Furnishings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire/Sprinkler System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments

Overall condition has been evaluated and building is currently for sale.

BUILDING CONDITION SURVEY FORM

| | | | |
|-----------------------|----------------|----------------------|----------|
| Building Name: | Annex Building | Survey Date: | 10/18/11 |
| Year Built: | 1926 | Completed By: | JB |

| <u>Exterior</u> | <u>Condition</u> | | | | | | <u>Year of Replacement</u> | | | | |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Failure | Poor | Fair | Good | Excellent | N/A | 2013 | 2014 | 2015 | 2016 | 2017 |
| Roof | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Siding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <u>Interior</u> | <u>Condition</u> | | | | | | <u>Year of Replacement</u> | | | | |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Failure | Poor | Fair | Good | Excellent | N/A | 2013 | 2014 | 2015 | 2016 | 2017 |
| Electrical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plumbing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HVAC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls & Ceilings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flooring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Furnishings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire/Sprinkler System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments

Basement requires regular pumping. Building is leased.

Department: Fire Contact Person: Chief Scott Glennly Date:

- | |
|--|
| Pump and paint repair on Engine 4. 1995 pumper truck |
|--|

- | |
|---|
| First due engine. Pump attack lines at fire |
|---|

- FY 13 ☒ FY 14 ☐ FY 15 ☐ FY 16 ☐ FY 17 ☐
FY 18 ☐ FY 19 ☐ FY 20 ☐ FY 21 ☐ FY 22 ☐

- If replacement, what is being replaced? _____
 How many hours currently used? _____
 Financial Impact on Operating Budget (maintenance, cost of operation, required training?) _____

Prevent purchase of new truck for extended time

prevent injuries due to failure or hose charging unexpectedly due to leak
 repair paint and corrosion to keep truck in service longer

Transfer/Borrow Equipment From Another Department ☐ Equipment Rental ☐
Contract Services Out to Private Company ☐ Lease Purchase ☐
Purchase Equipment Jointly With Another Town ☐ Other: _____

7. Cost Information - Attach three written estimates.

| | Per Unit | Total | Cost In Fiscal Year Ending | | | |
|------------------------------------|----------|-------|----------------------------|----------|---------------|--|
| | | | Year | | | |
| Purchase Price | \$35,000 | | 0 | June 30, | | |
| Financing/Other Costs | | | 1 | June 30, | | |
| Less Trade In | | | 2 | June 30, | | |
| Net Purchase Cost | | | 3 | June 30, | | |
| | | | 4 | June 30, | | |
| | | | 5 | June 30, | | |
| Estimated Annual Maintenance Cost: | | | | | 6 Year Total: | |

8. Manufacturer/Vendor Warranties Provided: _____

9. Estimated Usage of Requested Equipment:

* Is Equipment Use Seasonal? No

* Estimated Weeks Per Year Used: _____

* For Weeks Used, Estimated Average Days Per Week: _____

* For Days Used, Estimated Hours Per Day Used: _____

Estimated Useful Life of Equipment: _____

10. Justification: Increased use has worn parts quicker than anticipated when purchased. Doing repairs now should allow use until scheduled replacement in 2020

11. If this is first request for equipment needed immediately, explain how need created.

Department: Fire Contact Person: Chief Scott Glennly Date:

- Replace Rescue 2 Ambulance

- Ambulance

- FY 13
- ☐

FY 14 ☒FY 15 ☐FY 16 FY 17 FY 18 ☐FY 19 ☐FY 20 ☐FY 21 FY 22 ☐

- Scheduled Replacement ☒

Present Equipment Obsolete ☐

Expanded Service ☐

Replace Worn Equipment ☒

Increased Safety ☐

New Operation ☐

Legal Requirement ☐

Improved Procedures/Records ☐

Others _____

If replacement, what is being replaced?

Replace existing back up ambulance

How many hours currently used?

Financial Impact on Operating Budget

(maintenance, cost of operation, required training?)

Will above expenditure 1) increase number of personnel, 2) reduce number of personnel, or 3) eliminate need for additional personnel?

No

Will above expenditure 1) increase operating cost, or 2) reduce operating costs with improved efficiency?
Give details.

Replacing will reduce maintenance costs and break downs

Will Above Expenditure Require Additional Space? No

- Transfer/Borrow Equipment From Another Department
- ☐

Equipment Rental ☐

Contract Services Out to Private Company ☐

| | |
|----------------|---|
| Lease Purchase | X |
|----------------|---|

| | |
|--|--------------------------|
| Purchase Equipment Jointly With Another Town | <input type="checkbox"/> |
|--|--------------------------|

Other: _____

7. Cost Information - Attach three written estimates.

| | Per Unit | Total | Cost In Fiscal Year Ending | | | |
|------------------------------------|-----------------|-------|----------------------------|----------|--|--|
| | | | Year | | | |
| Purchase Price | 180,000/ 90,000 | | 0 | June 30, | | |
| Financing/Other Costs | | | 1 | June 30, | | |
| Less Trade In | | | 2 | June 30, | | |
| Net Purchase Cost | | | 3 | June 30, | | |
| | | | 4 | June 30, | | |
| | | | 5 | June 30, | | |
| Estimated Annual Maintenance Cost: | | | 6 Year Total: | | | |

8. Manufacturer/Vendor Warranties Provided: _____

9. Estimated Usage of Requested Equipment:

* Is Equipment Use Seasonal? _____

* Estimated Weeks Per Year Used: _____

* For Weeks Used, Estimated Average Days Per Week: _____

* For Days Used, Estimated Hours Per Day Used: _____

Estimated Useful Life of Equipment: 12 years

10. Justification: _____ Second ambulance. We have seen a significant number of back to back call that we manage with this unit. We also maintain EMS coverage when the primary truck is out for service

11. If this is first request for equipment needed immediately, explain how need created.

Department: Fire Contact Person: Chief Scott Glenney Date:

- | |
|--------------------------------|
| Replace Pick up truck and plow |
|--------------------------------|

- Service and tow vehicle

- FY 13 ☐ FY 14 ☐ FY 15 ☒ FY 16 ☐ FY 17 ☐

- FY 18 ☐ FY 19 ☐ FY 20 ☐ FY 21 ☐ FY 22 ☐

- | | | | | | |
|------------------------|-------------------------------------|-----------------------------|--------------------------|------------------|--------------------------|
| Scheduled Replacement | <input checked="" type="checkbox"/> | Present Equipment Obsolete | <input type="checkbox"/> | Expanded Service | <input type="checkbox"/> |
| Replace Worn Equipment | <input checked="" type="checkbox"/> | Increased Safety | <input type="checkbox"/> | New Operation | <input type="checkbox"/> |
| Legal Requirement | <input type="checkbox"/> | Improved Procedures/Records | <input type="checkbox"/> | Others_____ | |

| | |
|---|--|
| If replacement, what is being replaced? | Replace existing back up ambulance |
| How many hours currently used? | _____ |
| Financial Impact on Operating Budget | (maintenance, cost of operation, required training?) |

Will above expenditure 1) increase number of personnel, 2) reduce number of personnel, or 3) eliminate need for additional personnel?

Will above expenditure 1) increase operating cost, or 2) reduce operating costs with improved efficiency?
Give details.

Replacing will reduce maintenance costs and break downs

| | | | |
|---|--------------------------|------------------|-------------------------------------|
| Transfer/Borrow Equipment From Another Department | <input type="checkbox"/> | Equipment Rental | <input type="checkbox"/> |
| Contract Services Out to Private Company | <input type="checkbox"/> | Lease Purchase | <input checked="" type="checkbox"/> |
| Purchase Equipment Jointly With Another Town | <input type="checkbox"/> | Other: | _____ |

7. Cost Information - Attach three written estimates.

| | Per Unit | Total | Cost In Fiscal Year Ending | | | |
|------------------------------------|----------|-------|----------------------------|----------|---------------|--|
| | | | Year | | | |
| Purchase Price | \$60,000 | | 0 | June 30, | | |
| Financing/Other Costs | | | 1 | June 30, | | |
| Less Trade In | | | 2 | June 30, | | |
| Net Purchase Cost | | | 3 | June 30, | | |
| | | | 4 | June 30, | | |
| | | | 5 | June 30, | | |
| Estimated Annual Maintenance Cost: | | | | | 6 Year Total: | |

8. Manufacturer/Vendor Warranties Provided: _____

9. Estimated Usage of Requested Equipment:

* Is Equipment Use Seasonal? _____

* Estimated Weeks Per Year Used: _____

* For Weeks Used, Estimated Average Days Per Week: _____

* For Days Used, Estimated Hours Per Day Used: _____

Estimated Useful Life of Equipment: 10 years

10. Justification: _____ Truck is used for service calls, transporting equipment at calls, towing the special ops trailers and plowing.

11. If this is first request for equipment needed immediately, explain how need created.

Department: Fire Contact Person: Chief Scott Glennly Date:

- Replace Chiefs car. Keep vehicle move to inspection/command ca

- Chiefs car

- FY 13
- ☐

FY 14 ☐FY 15 ☐ XFY 16 FY 17 ☐FY 18 ☐FY 19 ☐FY 20 ☐FY 21 FY 22 ☐

- | | | | | | |
|------------------------|-------------------------------------|-----------------------------|--------------------------|------------------|--------------------------|
| Scheduled Replacement | <input checked="" type="checkbox"/> | Present Equipment Obsolete | <input type="checkbox"/> | Expanded Service | <input type="checkbox"/> |
| Replace Worn Equipment | <input checked="" type="checkbox"/> | Increased Safety | <input type="checkbox"/> | New Operation | <input type="checkbox"/> |
| Legal Requirement | <input type="checkbox"/> | Improved Procedures/Records | <input type="checkbox"/> | Others_____ | |

| | |
|---|--|
| If replacement, what is being replaced? | Chiefs car |
| How many hours currently used? | |
| Financial Impact on Operating Budget | (maintenance, cost of operation, required training?) |

Will above expenditure 1) increase number of personnel, 2) reduce number of personnel, or 3) eliminate need for additional personnel?

Will above expenditure 1) increase operating cost, or 2) reduce operating costs with improved efficiency?
Give details.

Replacing will keep command car in town and allow the Chief to have a more cost effective vehicle

Transfer/Borrow Equipment From Another Department ☐Contract Services Out to Private Company ☐

| | |
|--|--------------------------|
| Purchase Equipment Jointly With Another Town | <input type="checkbox"/> |
|--|--------------------------|

Equipment Rental ☐

Lease Purchase ☒

Other:

7. Cost Information - Attach three written estimates.

| | Per Unit | Total | Cost In Fiscal Year Ending | | | |
|------------------------------------|----------|-------|----------------------------|----------|---------------|--|
| | | | Year | | | |
| Purchase Price | \$35,000 | | 0 | June 30, | | |
| Financing/Other Costs | | | 1 | June 30, | | |
| Less Trade In | | | 2 | June 30, | | |
| Net Purchase Cost | | | 3 | June 30, | | |
| | | | 4 | June 30, | | |
| | | | 5 | June 30, | | |
| Estimated Annual Maintenance Cost: | | | | | 6 Year Total: | |

8. Manufacturer/Vendor Warranties Provided: _____

9. Estimated Usage of Requested Equipment:

* Is Equipment Use Seasonal? _____

* Estimated Weeks Per Year Used: _____

* For Weeks Used, Estimated Average Days Per Week: _____

* For Days Used, Estimated Hours Per Day Used: _____

Estimated Useful Life of Equipment: 10 _____

10. Justification: _____ Vehicle is used by Chief to respond to emergency calls 24 / 7, meetings and professional development

11. If this is first request for equipment needed immediately, explain how need created.

Department: Fire Contact Person: Chief Scott Glenn Date:

- | |
|-------------------|
| Replace Engine 1. |
|-------------------|

- Fire fighting / Emergency responses**

- FY 13
- ☐

FY 14 ☐FY 15 ☐FY 16 FY 17 FY 18 ☐FY 19 ☐FY 20 ☐FY 21 FY 22

- Scheduled Replacement ☒ Present Equipment Obsolete ☐ Expanded Service ☐

Replace Worn Equipment ☒ Increased Safety ☐ New Operation ☐

Legal Requirement ☐ Improved Procedures/Records ☐ Others _____

If replacement, what is being replaced? Engine 1

How many hours currently used? _____

Financial Impact on Operating Budget (maintenance, cost of operation, required training?)

Reduced cost of maintenance

Will above expenditure 1) increase number of personnel, 2) reduce number of personnel, or 3) eliminate need for additional personnel?

No

Will above expenditure 1) increase operating cost, or 2) reduce operating costs with improved efficiency?
Give details.

Reduce cost, improve efficiency

Will Above Expenditure Require Additional Space? No

- Transfer/Borrow Equipment From Another Department
- ☐

| | |
|--|--|
| Contract Services Out to Private Company | |
|--|--|

| | |
|--|--------------------------|
| Purchase Equipment Jointly With Another Town | <input type="checkbox"/> |
|--|--------------------------|

| | |
|------------------|--|
| Equipment Rental | |
|------------------|--|

Lease Purchase ☒

Other: _____

7. Cost Information - Attach three written estimates.

| | Per Unit | Total | Cost In Fiscal Year Ending | | | |
|------------------------------------|-----------|-------|----------------------------|----------|---------------|--|
| | | | Year | | | |
| Purchase Price | \$550,000 | | 0 | June 30, | | |
| Financing/Other Costs | | | 1 | June 30, | | |
| Less Trade In | | | 2 | June 30, | | |
| Net Purchase Cost | | | 3 | June 30, | | |
| | | | 4 | June 30, | | |
| | | | 5 | June 30, | | |
| Estimated Annual Maintenance Cost: | | | | | 6 Year Total: | |

8. Manufacturer/Vendor Warranties Provided: _____

9. Estimated Usage of Requested Equipment:

* Is Equipment Use Seasonal? _____

* Estimated Weeks Per Year Used: _____

* For Weeks Used, Estimated Average Days Per Week: _____

* For Days Used, Estimated Hours Per Day Used: _____

Estimated Useful Life of Equipment: 15-20 yrs

10. Justification: Engine 1 is currently the second due engine on structure fires it carries most of our hose use for water supply and carries class B foam backing up the squad on haz-mat calls

11. If this is first request for equipment needed immediately, explain how need created.

| | |
|------------------|-------------------------------------|
| Equipment Rental | <input type="checkbox"/> |
| Lease Purchase | <input checked="" type="checkbox"/> |
| Other: | |

7. Cost Information - Attach three written estimates.

| | Per Unit | Total | Cost In Fiscal Year Ending | | | |
|------------------------------------|----------|-------|----------------------------|----------|---------------|--|
| | | | Year | | | |
| Purchase Price | \$15,000 | | 0 | June 30, | | |
| Financing/Other Costs | | | 1 | June 30, | | |
| Less Trade In | | | 2 | June 30, | | |
| Net Purchase Cost | | | 3 | June 30, | | |
| | | | 4 | June 30, | | |
| | | | 5 | June 30, | | |
| Estimated Annual Maintenance Cost: | | | | | 6 Year Total: | |

8. Manufacturer/Vendor Warranties Provided: _____

9. Estimated Usage of Requested Equipment:

* Is Equipment Use Seasonal? _____

* Estimated Weeks Per Year Used: _____

* For Weeks Used, Estimated Average Days Per Week: _____

* For Days Used, Estimated Hours Per Day Used: _____

Estimated Useful Life of Equipment: 10 _____

10. Justification: _____ These trailers carry equipment and supplies for Special operations such as water and ice use rescues, confined space search and rescue, trench collapse.

11. If this is first request for equipment needed immediately, explain how need created.

Form B
Capital Planning Committee
Town of Lunenburg, Massachusetts
Capital Equipment Request

Department:

Contact Person:

Date:

1. Equipment to be acquired (quantity and description) Include detailed list of accessories or options.:

2. Intended Use of Equipment:

3. Fiscal Year Purchase Requested:

FY 13 ☐

FY 14 ☐

FY 15 ☐

FY 16 ☐

FY 17 ☐

FY 18 ☒

FY 19 ☐

FY 20 ☐

FY 21 ☐

FY 22 ☐

4. Department Priority Within Year Requested # 1 of 1 requests

5. Purpose of Expenditure (Check All That Apply)

Scheduled Replacement ☒

Present Equipment Obsolete ☐

Expanded Service ☐

Replace Worn Equipment ☒

Increased Safety ☐

New Operation ☐

Legal Requirement ☐

Improved Procedures/Records ☐

Others

If replacement, what is being replaced? Only ladder truck

How many hours currently used?

Financial Impact on Operating Budget (maintenance, cost of operation, required training?)

Reduced cost of maintenance

Will above expenditure 1) increase number of personnel, 2) reduce number of personnel, or 3) eliminate need for additional personnel?

No

Will above expenditure 1) increase operating cost, or 2) reduce operating costs with improved efficiency? Give details.

Reduce cost, improve efficiency

Will Above Expenditure Require Additional Space? No

6. Alternatives to New Equipment Purchase Reviewed:

Transfer/Borrow Equipment From Another Department ☐

Equipment Rental ☐

Contract Services Out to Private Company ☐

Lease Purchase ☒

Purchase Equipment Jointly With Another Town ☐

Other:

7. Cost Information - Attach three written estimates.

| | Per Unit | Total | Cost In Fiscal Year Ending | | | |
|------------------------------------|-----------|-------|----------------------------|----------|---------------|--|
| | | | Year | | | |
| Purchase Price | \$850,000 | | 0 | June 30, | | |
| Financing/Other Costs | | | 1 | June 30, | | |
| Less Trade In | | | 2 | June 30, | | |
| Net Purchase Cost | | | 3 | June 30, | | |
| | | | 4 | June 30, | | |
| | | | 5 | June 30, | | |
| Estimated Annual Maintenance Cost: | | | | | 6 Year Total: | |

8. Manufacturer/Vendor Warranties Provided: _____

9. Estimated Usage of Requested Equipment:

- * Is Equipment Use Seasonal? _____
- * Estimated Weeks Per Year Used: _____
- * For Weeks Used, Estimated Average Days Per Week: _____
- * For Days Used, Estimated Hours Per Day Used: _____

Estimated Useful Life of Equipment: 15-20 _____

10. Justification: _____ The ladder truck increases safety on the fire scene allowing roof operations quicker and safer than multiple ground ladders with less people. Elevated water way when needed. _____ used in industrial rescues silos, conveyers, cell and radio towers and boom trucks

11. If this is first request for equipment needed immediately, explain how need created.

Items \$10,000.00 and up

Contact: Chief Scott Glenn
Phone: 978-582-4155

[illegible]

Capital Planning Five Year Plan

[illegible]

Form B
Capital Planning Committee
Town of Lunenburg, Massachusetts
Capital Equipment Request

Department: Police

Contact Person: Chief Dan Bourgeois

Date: 9/20/2011

1. Equipment to be acquired (quantity and description) Include detailed list of accessories or options.:

Six Taser (less than lethal weapons) and associated equipment

2. Intended Use of Equipment:

Less than lethal use of force for emergency situations

3. Fiscal Year Purchase Requested:

FY 13 ☒

FY 14 ☐

FY 15 ☐

FY 16 ☐

FY 17 ☐

FY 18 ☐

FY 19 ☐

FY 20 ☐

FY 21 ☐

FY 22 ☐

4. Department Priority Within Year Requested # 1 of 1 requests

5. Purpose of Expenditure (Check All That Apply)

Scheduled Replacement ☐

Present Equipment Obsolete ☐

Expanded Service ☐

Replace Worn Equipment ☐

Increased Safety ☐

New Operation ☒

Legal Requirement ☐

Improved Procedures/Records ☐

Others _____

If replacement, what is being replaced? _____

How many hours currently used? _____

Financial Impact on Operating Budget (maintenance, cost of operation, required training?)

Will require officer training to be included in operating budget.

Will above expenditure 1) increase number of personnel, 2) reduce number of personnel, or
3) eliminate need for additional personnel?

N/A

Will above expenditure 1) increase operating cost, or 2) reduce operating costs with improved efficiency?
Give details.

Improve efficiency, reduce liability.

Will Above Expenditure Require Additional Space? No

6. Alternatives to New Equipment Purchase Reviewed:

Transfer/Borrow Equipment From Another Department ☐

Equipment Rental ☐

Contract Services Out to Private Company ☐

Lease Purchase ☐

Purchase Equipment Jointly With Another Town ☐

Other: None

7. Cost Information - Attach three written estimates.

| | Per Unit | Total | Cost In Fiscal Year Ending | | | |
|------------------------------------|----------|-------------|----------------------------|----------|------|-------------|
| | | | Year | | | |
| Purchase Price | | \$12,000.00 | 0 | June 30, | 2013 | \$12,000.00 |
| Financing/Other Costs | | 0 | 1 | June 30, | | |
| Less Trade In | | 0 | 2 | June 30, | | |
| Net Purchase Cost | | \$12,000.00 | 3 | June 30, | | |
| | | | 4 | June 30, | | |
| | | | 5 | June 30, | | |
| Estimated Annual Maintenance Cost: | | 0 | 6 Year Total: | | | |
| | | | | | | |

8. Manufacturer/Vendor Warranties Provided: Yes

9. Estimated Usage of Requested Equipment:

* Is Equipment Use Seasonal? No

* Estimated Weeks Per Year Used: Fifty two.

* For Weeks Used, Estimated Average Days Per Week: Seven

* For Days Used, Estimated Hours Per Day Used: Twenty-four

Estimated Useful Life of Equipment: Seven years

10. Justification: Provide additional officer safety in life threatening situations and reduce liability to the town in use of force situations.

11. If this is first request for equipment needed immediately, explain how need created.

This is the first such request as technology has improved and officer safety is at stake.

Capital Planning Five Year Plan

[illegible]

capplan/forms/

FIVE YEAR PLAN

Form B
Capital Planning Committee
Town of Lunenburg, Massachusetts
Capital Equipment Request

Department: Public Library

Contact Person: Amy Sadkin

Date: 9/30/2011

Equipment to be acquired (quantity and description) Include detailed list of accessories or options.:

Replace front entry way doors to library with new, ADA compliant doors. Current doors have been repaired multiple times due to heavy use - over 100,000 visits/year, are not ADA compliant, and are a security issue due to locking problems.

Intended Use of Equipment:

Fiscal Year Purchase Requested:

FY 13 ☒

FY 14 ☐

FY 15 ☐

FY 16 ☐

FY 17 ☐

FY 18 ☐

FY 19 ☐

FY 20 ☐

FY 21 ☐

FY 22 ☐

Department Priority Within Year Requester

1 of 2 requests

Purpose of Expenditure (Check All That Apply)

Scheduled Replacement ☐

Present Equipment Obsolete ☒

Expanded Service ☒

Replace Worn Equipment ☒

Increased Safety ☒

New Operation ☐

Legal Requirement ☒

Improved Procedures/Records ☐

Others _____

If replacement, what is being replaced? main entrance doors

How many hours currently used? 44 hours/week

Financial Impact on Operating Budget (maintenance, cost of operation, required training?)

Savings for DPW in on-going repairs, police in false security alarms, etc.

Will above expenditure 1) increase number of personnel, 2) reduce number of personnel, or 3) eliminate need for additional personnel?

Reduce number of personnel needed to maintain current doors.

Will above expenditure 1) increase operating cost, or 2) reduce operating costs with improved efficiency?
Give details.

Will Above Expenditure Require Additional Space? _____

Alternatives to New Equipment Purchase Reviewed:

Transfer/Borrow Equipment From Another Department ☐

Equipment Rental ☐

Contract Services Out to Private Company ☐

Lease Purchase ☐

Purchase Equipment Jointly With Another Town ☐

Other: _____

Information - Attach three written estimates.

| | Per Unit | Total | Cost In Fiscal Year Ending | | | |
|------------------------------------|-------------------|----------|----------------------------|----------|--|--|
| | | | Year | | | |
| Purchase Price | | | 0 | June 30, | | |
| Financing/Other Costs | | | 1 | June 30, | | |
| Less Trade In | | | 2 | June 30, | | |
| Net Purchase Cost | estimated cost of | \$10,000 | 3 | June 30, | | |
| | | | 4 | June 30, | | |
| | | | 5 | June 30, | | |
| Estimated Annual Maintenance Cost: | | | 6 Year Total: | | | |

Manufacturer/Vendor Warranties Provided: _____

Estimated Usage of Requested Equipment:

* Is Equipment Use Seasonal? _____

* Estimated Weeks Per Year Used: 52

For Weeks Used, Estimated Average Days Per Week: 5

* For Days Used, Estimated Hours Per Day Used: 10

Estimated Useful Life of Equipment: _____

Justification: _____

If this is first request for equipment needed immediately, explain how need created.

Form B
Capital Planning Committee
Town of Lunenburg, Massachusetts
Capital Equipment Request

Department: Public Library

Contact Person: Amy Sadkin

Date: 9/30/2011

Equipment to be acquired (quantity and description) Include detailed list of accessories or options.:

Painting exterior of building.

Intended Use of Equipment:

Building exterior shows many signs of wear - faded paint, peeling paint, exposed areas, etc. By repainting the building now, it will save future repair costs due to exposure to weather.

Fiscal Year Purchase Requested:

FY 13 ☒

FY 14 ☐

FY 15 ☐

FY 16 ☐

FY 17 ☐

FY 18 ☐

FY 19 ☐

FY 20 ☐

FY 21 ☐

FY 22 ☐

Department Priority Within Year Requester

2 of 2 requests

Purpose of Expenditure (Check All That Apply)

Scheduled Replacement ☒

Present Equipment Obsolete ☐

Expanded Service ☐

Replace Worn Equipment ☒

Increased Safety ☐

New Operation ☐

Legal Requirement ☐

Improved Procedures/Records ☐

Others _____

If replacement, what is being replaced? exterior paint

How many hours currently used? 24/7

Financial Impact on Operating Budget (maintenance, cost of operation, required training?)

Savings for DPW in on-going maintenance.

Will above expenditure 1) increase number of personnel, 2) reduce number of personnel, or 3) eliminate need for additional personnel?

Will above expenditure 1) increase operating cost, or 2) reduce operating costs with improved efficiency? Give details.

Reduce operating costs since the building will be less exposed to the environment with

paint on the exterior.

Will Above Expenditure Require Additional Space? _____

Alternatives to New Equipment Purchase Reviewed:

Transfer/Borrow Equipment From Another Department ☐

Equipment Rental ☐

Contract Services Out to Private Company ☐

Lease Purchase ☐

Purchase Equipment Jointly With Another Town ☐

Other: _____

st Information - Attach three written estimates.

| | Per Unit | Total | Cost In Fiscal Year Ending | | | |
|------------------------------------|-------------------|----------|----------------------------|----------|--|--|
| | | | Year | | | |
| Purchase Price | | | 0 | June 30, | | |
| Financing/Other Costs | | | 1 | June 30, | | |
| Less Trade In | | | 2 | June 30, | | |
| Net Purchase Cost | estimated cost of | \$60,000 | 3 | June 30, | | |
| | | | 4 | June 30, | | |
| | | | 5 | June 30, | | |
| Estimated Annual Maintenance Cost: | | | 6 Year Total: | | | |

3. Manufacturer/Vendor Warranties Provided: _____

4. Estimated Usage of Requested Equipment:

* Is Equipment Use Seasonal? _____

* Estimated Weeks Per Year Used: _____

For Weeks Used, Estimated Average Days Per Week: _____

* For Days Used, Estimated Hours Per Day Used: _____

Estimated Useful Life of Equipment: _____

5. Justification: _____

If this is first request for equipment needed immediately, explain how need created.

Department Inventory Worksheet

Phone 978-582-4140
asadkin@cwmars.org

[illegible]

Lunenburg Public Library Technology Inventory 9/2011

| <u>Equipment</u> | <u>Yr. Purch.</u> | <u>*Cost</u> | <u>Condition</u> |
|---|--------------------------|--------------|------------------|
| 20 Public Desktop computers – inc. Flatscreen monitors, keyboards, & mice | 10 in 2011 10 in 2005 | | good poor |
| 9 Staff Desktop computers – inc. Flatscreen monitors, keyboards, & mice | 5 in 2011 4 in 2005 | | good fair |
| 1 HVAC Desktop computer – inc. Monitor, keyboard & mouse | 2005 | | fair |
| 1 B&W public copier | 2008 | \$1541 | fair |
| 1 B&W staff copier | 2008 | | poor |
| 4 Slip Printers | 3 in 2007 1 in 2005 | | good fair |
| 4 B&W staff printers | used in 2005 | | fair |
| 1 inkjet color staff printer | 2008 | | fair |
| 1 B&W public printer | 2011 | | good |
| Server w/ monitor | 2011 | | good |
| Switch | 2005 | | good |
| 1 Wifi Transmitter/1 Wifi Receiver | 2005 | | fair/good |
| Projector & DVD player w/cart and movie screen | 2005 | | fair |
| Telephone System w/9 phones | 2010 | \$4100 | good |
| Security Camera System with 7 cameras and CD back-up | 2010 | \$5534 | good |
| Fax Machine | 2011 | | good |

*Purchased by the Town – cost unknown.

Form B
Capital Planning Committee
Town of Lunenburg, Massachusetts
Capital Equipment Request

Department: School Department

Contact Person: John Londa

Date: 25-Oct-11

1. Equipment to be acquired (quantity and description):

Replacement of 1986 roof on the Passios Elementary School is needed. Re-seaming roof will add 5-7 years to life of roof before future of building dictates next work. (ADMENDED)

2. Intended Use of Equipment:

Roof system at the Passios will be over 25 years old and will need replacing. Reseaming the rubber roof will add 5-7 years to the life of the roof.

3. Fiscal Year Purchase Requested:

FY 13 ☒

FY 14 ☐

FY15 ☐

FY 16 ☐

FY 17 ☐

FY 18 ☐

FY 19 ☐

FY20 ☐

FY 21 ☐

FY 22 ☐

4. Department Priority Within Year Requester # 1 of 6 requests

5. Purpose of Expenditure (Check All That Apply)

Scheduled Replacement ☐

Present Equipment Obsolete ☒

Expanded Service ☐

Replace Worn Equipment ☒

Increased Safety ☒

New Operation ☐

Legal Requirement ☐

Improved Procedures/Records ☒

Other: _____

If replacement, what is being replaced? _____

Financial Impact on Operating Budget Minimal

Will above expenditure 1) Increase in number of personnel 2) reduce number of personnel, or 3) eliminate need for additional personnel?
No

Will above expenditure 1) increase operating costs or reduce operating costs with improved efficiency?
Give details.
No

Will Above Expenditure Require Additional Space? No

6. Alternatives to New Equipment Purchase Reviewed:

Transfer/Borrow Equipment From Another Department ☐

Equipment Rental ☐

Contract Services Out to Private Company ☐

Lease Purchase ☐

Purchase Equipment Jointly With Another Town ☐

Other: _____

7. Cost Information

| | Per Unit | Total | Cost In Fiscal Year Ending | | |
|--|-----------|-----------|----------------------------|---------------|---------------|
| | | | Year | | |
| Purchase Price | \$107,920 | \$107,920 | 0 | June 30, 2012 | \$107,920 |
| Financing/Other Costs | \$ - | | 1 | June 30, 2013 | \$ 111,157.60 |
| Less Trade In | \$ - | | 2 | June 30, 2014 | \$ 114,492.33 |
| Net Purchase Cost | \$107,920 | \$107,920 | 3 | June 30, 2015 | \$ 117,927.10 |
| | | | 4 | June 30, 2016 | \$ 121,464.91 |
| | | | 5 | June 30, 2017 | \$ 125,108.86 |
| Estimated Annual Maintenance Cost: \$ 500.00 | | | 6 Year Total: | | |

8. Manufacturer/Vendor Warranties Provided: 1 year

9. Estimated Usage of Requested Equipment:

* Is Equipment Use Seasonal? No

* Estimated Weeks Per Year Used: 52

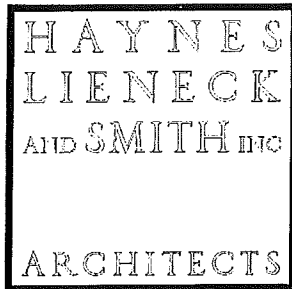
* For Weeks Used, Estimated Average Days Per Week: 5

* For Days Used, Estimated Hours Per Day Used: 12

Estimated Useful Life of Equipment: 40 years

10. Justification: Needed to stop numerous leaks in the building. This is being proposed to add life to the existing roof. Full replacement was considered at a cost of \$650K but uncertainty with proposed High School project makes this stop gap measure more prudent.

11. If this is first request for equipment needed immediately explain how need created. _____



10 Common Road
Post Office Box 128
Ashby, Massachusetts 01431-0128
(978) 386-2473
(978) 386-2474 (facsimile)

October 20, 2011

Conceptual Budget Evaluation

John Londa, director of facilities and grounds
Lunenburg Public Schools
1033 Massachusetts Avenue
Lunenburg, Massachusetts 01462

**Architect's Project 11034-1
Remedial Roofing
Thomas Passios Elementary School
Lunenburg, Massachusetts**

John,

The Lunenburg Public Schools retained Haynes, Lieneck, and Smith, Inc. to briefly review the existing roof conditions on the Thomas Passios Elementary School and to advise on a conceptual budget for remedial repairs that extend the effective life of the existing roofing by five years.

Haynes, Lieneck, and Smith, Inc. viewed the existing conditions on the roof of the Thomas Passios Elementary School on October 6, 2011. Haynes, Lieneck, and Smith, Inc. obtained measurements from drawings of the file from the original construction that was designed by SW Haynes and Associates in 1950 and from the drawings on file for the first addition to the building that was designed by SW Haynes and Associates in 1952.

The roofing on a majority of the roof is currently a thermostat rubber single ply roof membrane that has been in place for over 20 years. The existing single ply roofing membrane covers approximately 55,000 square feet of relatively flat roof area. A thermostat rubber roof membrane can have a life expectancy that exceeds 20 years, but the seams that join the sheets of rubber roofing do not last as long as the membrane. Consequently, the seams must be restored periodically. The roofing also suffers from a few damaged areas along the base of walls and a mechanical systems penthouse the sides of which are deteriorated. The recommendation is to reseal the seams and to address the deteriorated conditions.

Resealing seams involves power scrubbing with detergent, applying adhesive primer, applying adhesive, and setting seam sealing single ply membrane splicing strips. The cost of the seam sealing is approximately \$7 per linear foot. Resealing seams in a rising wall condition requires wider strips and is slightly more costly as a result.

The glazing in the original light monitors is currently covered with metal roofing at a steep angle that includes batten covers over the sanding seams. The aggregate length of the roof monitors is approximately 940 linear feet with batten covers that are approximately 6 feet long every 15 inches. The batten covers are not attached to the standing seams of the roofing panels and the batten covers have a tendency to slide down onto a single ply roof below and cut the rising wall flashing and roofing membrane. Removing the batten covers will result in exposing to view a mechanically crimped seam condition. At a few batten covers, adhesive caulking has been applied and seems to be retaining the covers in place. The recommended solution is for a length of adhesive caulking on every batten cover in a caulking color that matches the panels.

Haynes, Lieneck, and Smith, Inc. recommends the following remedial work for extending the useful life of the existing roofing membrane at the indicated budget costs:

| Cost | Remedial Work |
|------------------|---|
| \$ 25,690 | Seal seams in field of roof, estimate one linear foot of seam per fifteen square feet of roof membrane 3,670 linear feet @ \$7 per linear foot |
| 19,810 | Seal seams at perimeter edge of roofs 2,830 linear feet @ \$7 per linear foot |
| 7,520 | Cut back existing membrane flashing and seal seams at the edge of the roof monitors 940 linear feet @ \$8 per linear foot |
| 9,400 | Seal the bottom of the rising walls at the bases of the roof monitors and at masonry walls 1440 linear feet @ \$100 per penetration |
| 6,000 | Seal around penetration through the roof at roof drains, pipes, equipment curbs, and other locations 60 penetrations @ 100 per penetration |
| 15,000 | Remedial repairs at roof deck at rising wall flashing 5 locations @ \$2,500 per location |
| 3,000 | Adhere batten covers in place 750 locations @ \$4 per location |
| 5,000 | Remedial repairs at penthouse, including plywood sheathing, single ply membrane vertical flashing, and base flashing |
| <u>\$ 91,420</u> | Recommended remedial repairs |

Haynes, Lieneck, and Smith, Inc. recommends a budget contingency of \$7,500 to address administrative costs and other issues that may arise during construction.

Haynes, Lieneck, and Smith, Inc. can provide documents for bidding, permitting, and construction for a fee of \$9,000.00

Advise when Haynes, Lieneck, and Smith, Inc. can be of further assistance.

Very truly yours,

Paul S. Lieneck, AIA

91,420 Work Proposed
 9,000 Architects Fee
 7,500 Contingency

 107,920

Form B
Capital Planning Committee
Town of Lunenburg, Massachusetts
Capital Equipment Request

Department:

Contact Person:

Date:

1. Equipment to be acquired (quantity and description):

2. Intended Use of Equipment:

3. Fiscal Year Purchase Requested:

FY 13 ☒

FY 14 ☐

FY15 ☐

FY 16 ☐

FY 17 ☐

FY 18 ☐

FY 19 ☐

FY20 ☐

FY 21 ☐

FY 22 ☐

4. Department Priority Within Year Requester # 6 of 6 requests

5. Purpose of Expenditure (Check All That Apply)

Scheduled Replacement ☐

Present Equipment Obsolete ☒

Expanded Service ☐

Replace Worn Equipment ☒

Increased Safety ☒

New Operation ☐

Legal Requirement ☐

Improved Procedures/Records ☐

Other: _____

If replacement, what is being replaced? 12" splined ceiling tiles.

Financial Impact on Operating Budget No

Will above expenditure 1) Increase in number of personnel 2) reduce number of personnel, or
3) eliminate need for additional personnel?
No

Will above expenditure 1) increase operating costs or reduce operating costs with improved efficiency?
Give details. No

Will Above Expenditure Require Additional Space? No

6. Alternatives to New Equipment Purchase Reviewed:

Transfer/Borrow Equipment From Another Department ☐

Equipment Rental ☐

Contract Services Out to Private Company ☐

Lease Purchase ☐

Purchase Equipment Jointly With Another Town ☐

Other: _____

7. Cost Information

| | Per Unit | Total | Cost In Fiscal Year Ending | | |
|------------------------------------|----------|-----------|----------------------------|---------------|--------------|
| | | | Year | | |
| Purchase Price | \$24,000 | \$24,000 | 0 | June 30, 2012 | \$24,000 |
| Financing/Other Costs | \$ - | | 1 | June 30, 2013 | \$ 24,720.00 |
| Less Trade In | \$ - | | 2 | June 30, 2014 | \$ 25,461.60 |
| Net Purchase Cost | \$24,000 | \$24,000 | 3 | June 30, 2015 | \$ 26,225.45 |
| | | | 4 | June 30, 2016 | \$ 27,012.21 |
| | | | 5 | June 30, 2017 | \$ 27,822.58 |
| Estimated Annual Maintenance Cost: | | \$ 500.00 | 6 Year Total: | | |

8. Manufacturer/Vendor Warranties Provided: 1 year on installation

9. Estimated Usage of Requested Equipment:

* Is Equipment Use Seasonal? No

* Estimated Weeks Per Year Used: 52

* For Weeks Used, Estimated Average Days Per Week: 7

* For Days Used, Estimated Hours Per Day Used: 24

Estimated Useful Life of Equipment: 20-25 years

10. Justification: This is proposed as a two year project to replace ceiling tiles in hallways at the Turkey Hill Middle School. Replace the hallway tiles with 2' X 4' tiles will allow access to above ceiling areas and is easily replaced. Use old tiles for classroom spares. Current ceiling material is no longer manufactured

11. If this is first request for equipment needed immediately explain how need created.

C & G SUSPENDED CEILINGS, INC.
 148B TANNER STREET
 LOWELL, MA 01852
 978-453-1535
 FAX # 978-458-1232

Estimate

| DATE | ESTIMATE # |
|------------|------------|
| 11/21/2011 | 8680 |

| NAME / ADDRESS |
|--|
| Town of Lunenburg Turkey Hill Middle School First Floor, |

Phase I

| TERMS | PROJECT | JOB NAME |
|--------|----------|----------------|
| Net 30 | hallways | 1st floor only |

| DESCRIPTION | TOTAL |
|--|---|
| <p>Turkey Hill School Hallways as shown on attached "Scope of ACT work" FIRST FLOOR ONLY.</p> <p>We propose to furnish and install: 2 by 4 white USG 15/16" Donn DX grid, with matching 2 by 4 white Armstrong #769a Cortega, flat layin tiles.</p> <p>This price is based on the areas shown in the red clouded areas, of the attached scope of work sheet</p> <p>This base price does not include any demo of the existing 12" by 12" suspended ceiling system, nor does it Include the 2nd floor (see estimate #8681)</p> <p>ADD ALTERNATE #1 If we demo the existing concealed tee grid, and matching 12" by 12" ceiling tiles, then you must add.....\$7955.00 to the base bid.</p> <p>ADD ALTERNATE #2 If we haul away the old, existing, 12" by 12" ceiling tiles, and concealed grid, (we would then dispose of them, in a legal manner, with documentation).. then you must add.....\$2955.00 to the base bid.</p> <p>THIS PROPOSAL, IS BASED ON A PREVAILING WAGE PROJECT, AND ALL LEGAL AND PROPER PAPER WORK, WILL BE FILED, ALONG WITH CERTIFIED PAYROLL REPORTS, WITH OUR INVOICE.</p> <p>ALL MATERIALS, AND ALL LABOR, COMES WITH A (5) FIVE YEAR LIMITED WARRANTY</p> <p>ALL ELECTRICAL ITEMS, WILL BE REMOVED, CUT , AND INSTALLED BY OTHERS. (i.e. lights, exit signs, speakers, smoke detectors ect.)</p> <p>Hard Hats, Safety shoes, long pants, and long shirts will be required at all times. (IF CLIENT REQUEST)</p> <p>ALL CEILINGS ARE TO BE HUNG TRUE AND LEVEL WITH THE AID OF LAZERS.</p> <p>This proposal is based on a (1) one phased project, and working during regular working hours.</p> <p>All perimeter cut tiles, will be hand rabbitted ("kerfed), which allows the tile, to sit flat.</p> <p>All of our employees have gone through the 10 hour OSHA Safety Training Class, or a 30 Hour OSHA Safety Training Class.</p> <p>***payment schedule.... Payment is due net 30 of the invoice (partial invoicing will be sent upon a monthly basis)</p> <p>please note, delay in payment could result in placing a mechanics lien (notice of contract) on the deed of the property. The lien will not be removed until full payment is received</p> <p>I AGREE TO ALL OF THE</p> <p>ESTIMATE</p> | <p>11,855.00</p> <p>\$ 22,765.</p> <p>5% contingency</p> <p>\$ 1,139.</p> |
| <p>ALL LEGAL FEES TO BE PAID BY CUSTOMER/ 1.5% PER MONTH ON ALL OVER DUE INVOICES.</p> | <p>TOTAL \$ 23,904</p> |

C & G SUSPENDED CEILINGS, INC.
 148B TANNER STREET
 LOWELL, MA 01852
 978-453-1535
 FAX # 978-458-1232

Estimate

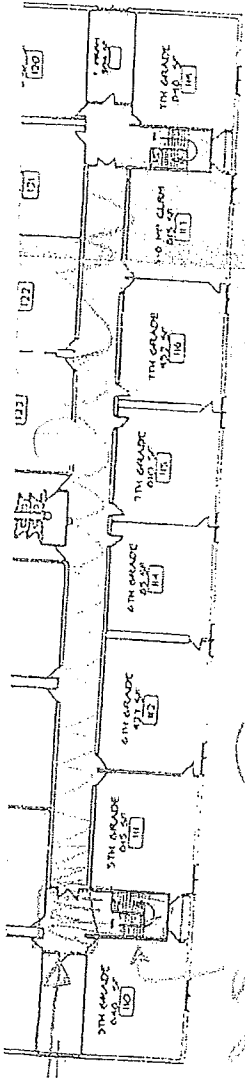
| DATE | ESTIMATE # |
|------------|------------|
| 11/21/2011 | 8681 |

| NAME / ADDRESS |
|---|
| Town of Lunenburg Turkey Hill School (2) Two Hallways |

Phase II

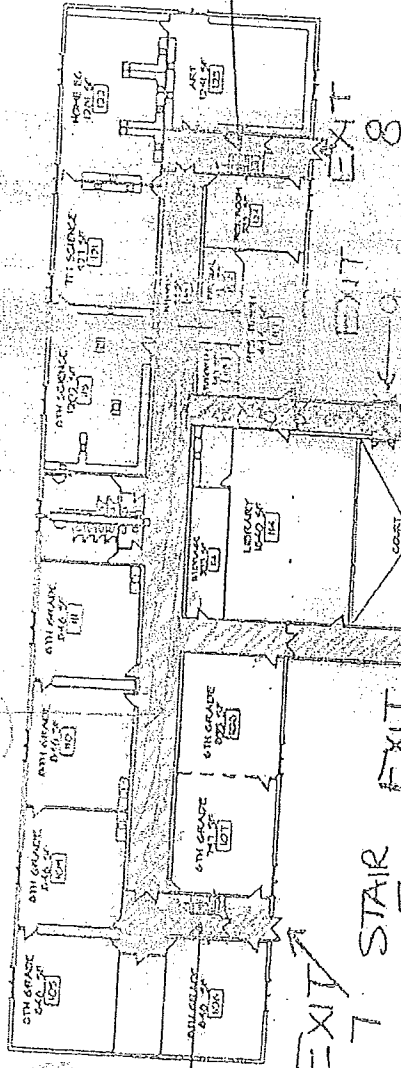
| TERMS | PROJECT | JOB NAME |
|--------|--------------|----------------|
| Net 30 | 2nd hallways | 2nd Floor Only |

| DESCRIPTION | TOTAL |
|---|--|
| <p>Turkey Hill School Hallways as shown on attached "Scope of ACT work" SECOND FLOOR ONLY.</p> <p>We propose to furnish and install: 2 by 4 white USG 15/16" Donn DX grid, with matching 2 by 4 white Armstrong #769a Cortega, flat layin tiles. This price is based on the areas shown in the red clouded areas, of the attached scope of work sheet This base price does not include any demo of the existing 12" by 12" suspended ceiling system, nor does it include the 1st floor (see estimate #8680)</p> <p>ADD ALTERNATE #1 If we demo the existing concealed tee grid, and matching 12" by 12" ceiling tiles, then you must add.....\$5848.00 to the base bid.</p> <p>ADD ALTERNATE #2 If we haul away the old, existing, 12" by 12" ceiling tiles, and concealed grid, (we would then dispose of them, in a legal manner, with documentation).. then you must add.....\$2155.00 to the base bid.</p> <p>THIS PROPOSAL, IS BASED ON A PREVAILING WAGE PROJECT, AND ALL LEGAL AND PROPER PAPER WORK, WILL BE FILED, ALONG WITH CERTIFIED PAYROLL REPORTS, WITH OUR INVOICE. ALL MATERIALS, AND ALL LABOR, COMES WITH A (5) FIVE YEAR LIMITED WARRANTY ALL ELECTRICAL ITEMS, WILL BE REMOVED, CUT , AND INSTALLED BY OTHERS. (i.e. lights, exit signs, speakers, smoke detectors ect.) Hard Hats, Safety shoes, long pants, and long shirts will be required at all times. (IF CLIENT REQUEST) ALL CEILINGS ARE TO BE HUNG TRUE AND LEVEL WITH THE AID OF LAZERS. This proposal is based on a (1) one phased project, and working during regular working hours. All perimeter cut tiles, will be hand rabbitted ("kerfed), which allows the tile, to sit flat. All of our employees have gone through the 10 hour OSHA Safety Training Class, or a 30 Hour OSHA Safety Training Class. ***payment schedule.... Payment is due net 30 of the invoice (partial invoicing will be sent upon a monthly basis) please note, delay in payment could result in placing a mechanics lien (notice of contract) on the deed of the property. The lien will not be removed until full payment is received I AGREE TO ALL OF THE ESTIMATE</p> | <p>8,850.00</p> <p>\$ 16,853</p> <p>5% contingency \$ 843</p> |
| <p>ALL LEGAL FEES TO BE PAID BY CUSTOMER/ 1.5% PER MONTH ON ALL OVER DUE INVOICES.</p> | <p>TOTAL \$ 17,696</p> |

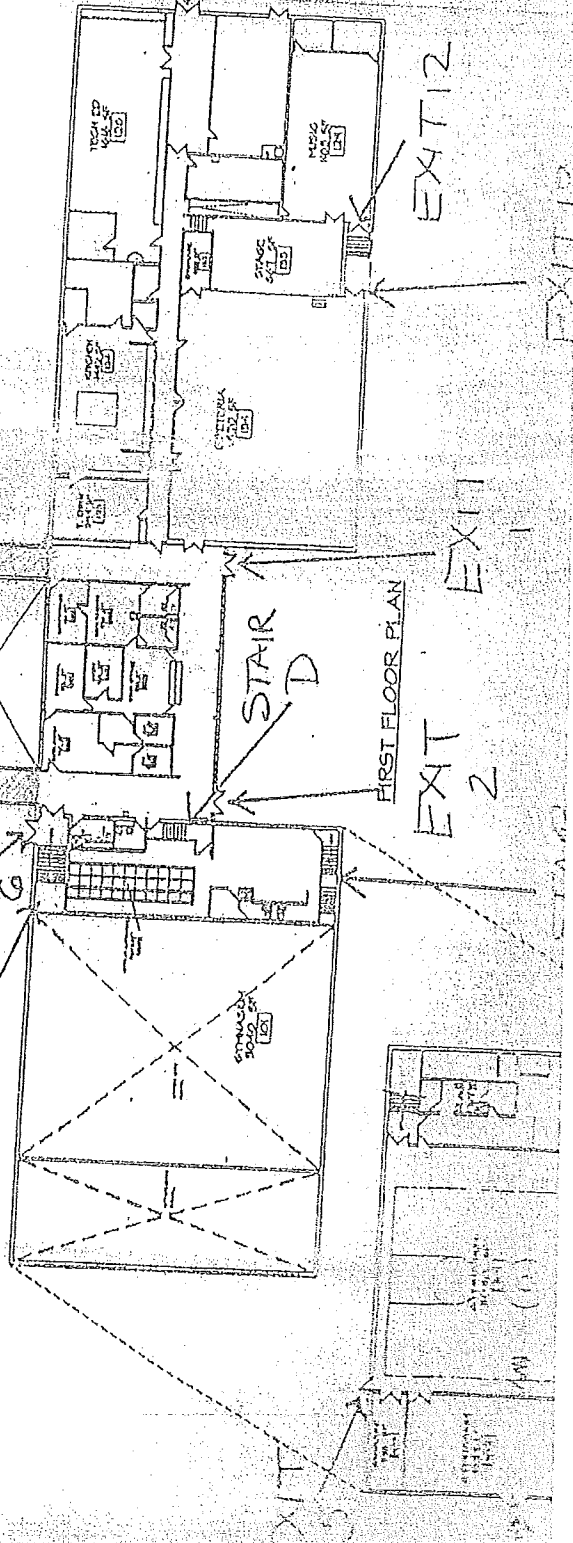


SECOND FLOOR PLAN

60261 GSF EXISTING



STAIR A
EXIT 7
STAIR E
EXIT 8
EXIT 9



FIRST FLOOR PLAN

50
20
97
PART ST

Special
1000 sq ft

Special
1000 sq ft

Special
1000 sq ft

Form B
Capital Planning Committee
Town of Lunenburg, Massachusetts
Capital Equipment Request

Department: School Department

Contact Person: John Londa

Date: 25-Oct-11

1. Equipment to be acquired (quantity and description):

Snow guards for gym roof edges (AMENDED)

2. Intended Use of Equipment:

Protect people from large masses of falling snow off of the gym as well as protection for the lower roof over the admin part of the building. Snow load concerns have made this a high priority for installation.

3. Fiscal Year Purchase Requested:

FY 13 ☒

FY 14 ☐

FY15 ☐

FY 16 ☐

FY 17 ☐

FY 18 ☐

FY 19 ☐

FY20 ☐

FY 21 ☐

FY 22 ☐

4. Department Priority Within Year Request: # 2 of 6 requests

5. Purpose of Expenditure (Check All That Apply)

Scheduled Replacement ☐

Present Equipment Obsolete ☐

Expanded Service ☐

Replace Worn Equipment ☐

Increased Safety ☒

New Operation ☐

Legal Requirement ☐

Improved Procedures/Records ☐

Other: _____

If replacement, what is being replaced? _____

Financial Impact on Operating Budget None

Will above expenditure 1) Increase in number of personnel 2) reduce number of personnel, or
3) eliminate need for additional personnel?

No

Will above expenditure 1) increase operating costs or reduce operating costs with improved efficiency?
Give details.

No

Will Above Expenditure Require Additional Space? No

6. Alternatives to New Equipment Purchase Reviewed:

Transfer/Borrow Equipment From Another Department ☐

Equipment Rental ☐

Contract Services Out to Private Company ☐

Lease Purchase ☐

Purchase Equipment Jointly With Another Town ☐

Other: _____

7. Cost Information

| | Per Unit | Total | Cost In Fiscal Year Ending | | |
|--|----------|----------|----------------------------|----------|------|
| | | | Year | | |
| Purchase Price | \$30,750 | \$30,750 | 0 | June 30, | 2012 |
| Financing/Other Costs | \$ - | | 1 | June 30, | 2013 |
| Less Trade In | \$ - | | 2 | June 30, | 2014 |
| Net Purchase Cost | \$30,750 | \$30,750 | 3 | June 30, | 2015 |
| | | | 4 | June 30, | 2016 |
| | | | 5 | June 30, | 2017 |
| Estimated Annual Maintenance Cost: \$ 500.00 | | | 6 Year Total: | | |

8. Manufacturer/Vendor Warranties Provided: 1 year on installation

9. Estimated Usage of Requested Equipment:

* Is Equipment Use Seasonal? yes

* Estimated Weeks Per Year Used: 26

* For Weeks Used, Estimated Average Days Per Week: 7

* For Days Used, Estimated Hours Per Day Used: 24

Estimated Useful Life of Equipment: 25 years

10. Justification: Snow loads on the low pitched gym roof can release large snow masses onto a lower roof or to the ground behind the gym. Risk of injury from snow mass falling off the roof is present particularly during snow removal operations.

11. If this is first request for equipment needed immediately explain how need created. _____



10 Common Road
Post Office Box 128
Ashby, Massachusetts 01431-0128
(978) 386-2473
(978) 386-2474 (facsimile)

October 20, 2011

Conceptual Budget Evaluation

John Londa, director of facilities and grounds
Lunenburg Public Schools
1033 Massachusetts Avenue
Lunenburg, Massachusetts 01462

**Architect's Project 11034-2
Snow Guards
Turkey Hill Middle School
Lunenburg, Massachusetts**

John,

The Lunenburg Public Schools retained Haynes, Lieneck, and Smith, Inc. to briefly review the existing roof conditions on the Turkey Hill Middle School and to advise on a conceptual budget for providing snow guards on the two eaves of the sloped gable gymnasium wing roof.

Haynes, Lieneck, and Smith, Inc. viewed the existing conditions on the roof of the Turkey Hill Middle School on October 6, 2011. Haynes, Lieneck, and Smith, Inc. obtained measurements from documents available in the Facilities and Grounds office of the Lunenburg Public Schools.

The existing roof is a simple gable with a moderate slope to the eaves. The roof surface is covered with a single ply membrane system that does not have the surface friction to retain any snow. The result is sliding snow that damages gutters and is a hazard to persons and property below the roof edge. The existing roof eaves currently have gutters and downspouts. The gutters on the open side eave of the roof are undersized and are not functioning properly. The gutter and downspouts on the building eave side of the gymnasium are sized more properly and are functioning adequately. The problem is snow sliding off the roof and damaging the gutters, wall surfaces, and injuring people.

The recommendation is to provide snow guards on both eaves, to remove the gutters and downspouts from the open side, and to retain the gutters and downspouts on the building side. Haynes, Lieneck, and Smith, Inc. is concerned that the lack of overhang at the eaves will result in leaking issues when the gutter is removed from the open side of the roof. Accordingly, the recommendation includes an overhang extension on the open side where the gutters is removed. The overhang extension includes steel angle, extended blocking, drip edge flashing, synthetic fascia trim, and single ply roofing flashing to provide at least 6 inches of overhang. Reinforcing the wood blocking on the edge of the roof will also help to provide for the anchoring points for the snow guards.

Haynes, Lieneck, and Smith, Inc. recommends the following work at the indicated budget costs:

| Cost | Remedial Work |
|-----------|---|
| \$ 1,000 | Remove gutter and downspouts from open side eave; cap underground drain piping |
| \$ 16,000 | Provide aluminum two pipe snow guard system at eaves 160 linear feet @ \$100 per linear foot |

Continued

6,000

Provide overhang extension on open side eave
80 linear feet @ \$75 per linear foot

\$ 23,000

Recommended remedial repairs

Haynes, Lieneck, and Smith, Inc. recommends a budget contingency of \$5,000 to address administrative costs, conditions of attachment of the snow guards, and any other issues that may arise during construction.

Haynes, Lieneck, and Smith, Inc. can provide documents for bidding, permitting, and construction for a fee of \$2,750.

Advise when Haynes, Lieneck, and Smith, Inc. can be of further assistance.

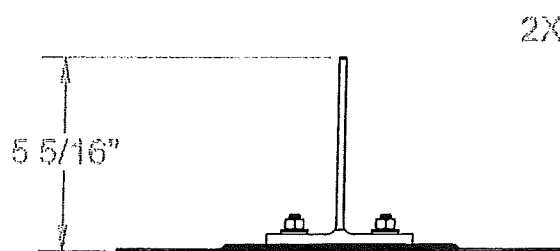
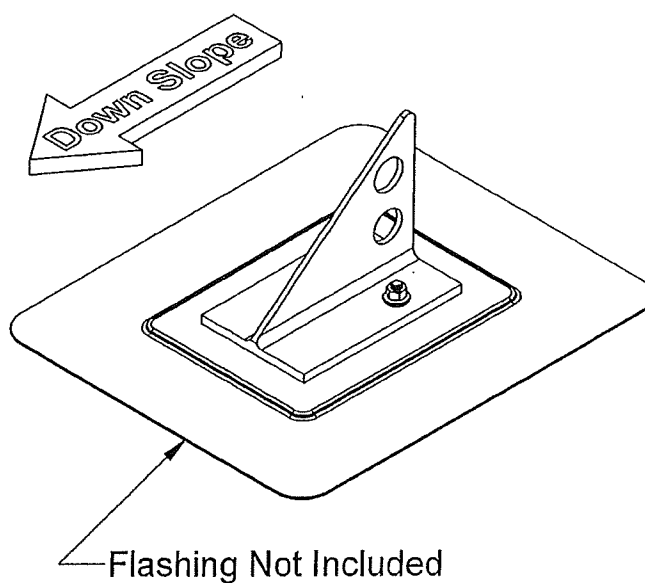
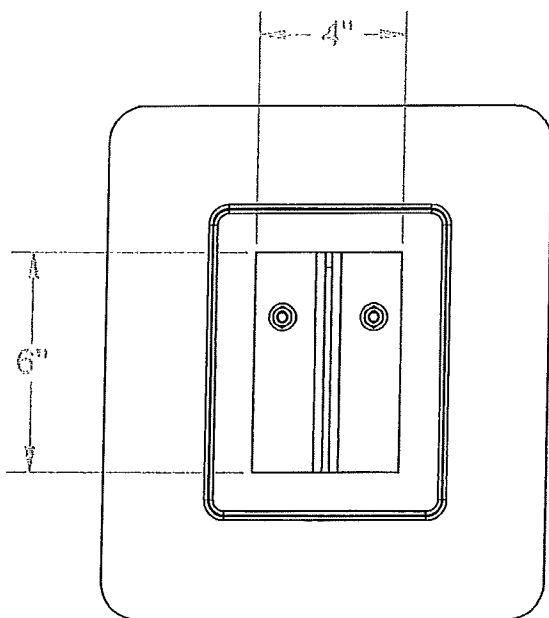
Very truly yours,

Paul S. Lieneck, AIA

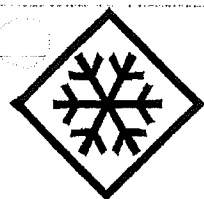
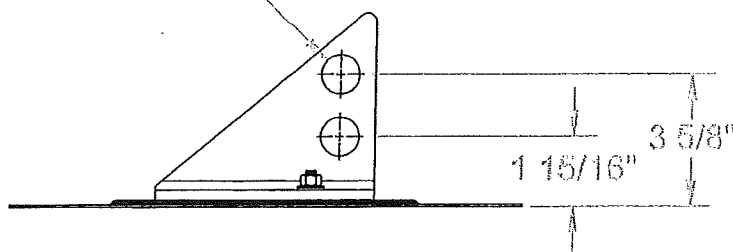
| | |
|---------------|--------------------|
| 23,000 | Work Proposed |
| 2,750 | Architectural Cost |
| 5,000 | Contingency |
| <u>30,750</u> | |

Cut Sheet - #115 Two Pipe

1. Installation to be completed in accordance with manufacturer's written specifications and installation instructions. See spec sheet or contact manufacturer for detailed material, finishes, and configuration options.
3. Contact manufacturer for detailed layout.
4. Do not scale drawings.
5. Subject to change without notice.



2X Ø 1 1/16" THRU



**ALPINE
SNOWGUARDS®**
www.alpinesnowguards.com

289 Harrel Street Toll Free Phone 1.888.766.4273
Morrisville, VT 05661 Toll Free Fax 1.888.766.9994

Material: See Spec Sheet

Scale: 1:5 7/19/2010 07 72 53 Snow Guards



Form B
Capital Planning Committee
Town of Lunenburg, Massachusetts
Capital Equipment Request

Department: School Department

Contact Person: John Londa

Date: 21-Nov-11

1. Equipment to be acquired (quantity and description):

Replacement of pick up truck with plow. (Admended)

2. Intended Use of Equipment:

Transport of supplies/equipment, school maintenance.

3. Fiscal Year Purchase Requested:

FY 13 ☒

FY 14 ☐

FY 15 ☐

FY 16 ☐

FY 17 ☐

FY 18 ☐

FY 19 ☐

FY 20 ☐

FY 21 ☐

FY 22 ☐

4. Department Priority Within Year Requester # 4 of 6 requests

5. Purpose of Expenditure (Check All That Apply)

Scheduled Replacement ☐

Present Equipment Obsolete ☐

Expanded Service ☐

Replace Worn Equipment ☒

Increased Safety ☐

New Operation ☐

Legal Requirement ☐

Improved Procedures/Records ☒

Other: _____

If replacement, what is being replaced? 1997 Chevy Pickup.

Financial Impact on Operating Budget _____

Will above expenditure 1) Increase in number of personnel 2) reduce number of personnel, or
3) eliminate need for additional personnel?

Will above expenditure 1) increase operating costs or reduce operating costs with improved efficiency?
Give details.

Will Above Expenditure Require Additional Space? _____

6. Alternatives to New Equipment Purchase Reviewed:

Transfer/Borrow Equipment From Another Department ☐

Equipment Rental ☐

Contract Services Out to Private Company ☐

Lease Purchase ☐

Purchase Equipment Jointly With Another Town ☐

Other: _____

7. Cost Information

| | Per Unit | Total | Cost In Fiscal Year Ending | | | |
|------------------------------------|----------|-----------|----------------------------|----------|------|--------------|
| | | | Year | | | |
| Purchase Price | \$33,000 | \$33,000 | 0 | June 30, | 2012 | \$33,000 |
| Financing/Other Costs | \$ - | | 1 | June 30, | 2013 | \$ 34,650.00 |
| Less Trade In | \$ - | | 2 | June 30, | 2014 | \$ 36,382.50 |
| Net Purchase Cost | \$33,000 | \$33,000 | 3 | June 30, | 2015 | \$ 38,201.63 |
| | | | 4 | June 30, | 2016 | \$ 40,111.71 |
| | | | 5 | June 30, | 2017 | \$ 42,117.29 |
| Estimated Annual Maintenance Cost: | | \$ 500.00 | 6 Year Total: | | | |

8. Manufacturer/Vendor Warranties Provided: Varies

9. Estimated Usage of Requested Equipment:

* Is Equipment Use Seasonal? No

* Estimated Weeks Per Year Used: 52

* For Weeks Used, Estimated Average Days Per Week: 5

* For Days Used, Estimated Hours Per Day Used: 12

Estimated Useful Life of Equipment: 15 years

10. Justification: This is a one for one replacemnt of a 1997 Chevy Pick up truck with over 110,000 miles.

The vehicle is used to maintain school facilities and for snow removal operations. The School Dept is the 3d owner of this vehicle and would support a vehicle roatation program.

11. If this is first request for equipment needed immediately explain how need created. _____

John Londa

From: Don Mailloux <dmailoux@tasca.com>
Sent: Wednesday, November 09, 2011 11:45 AM
To: jlonda@lunenburgonline.com
Subject: 2012 F250 4X4 w/ Plow

John,

Per our conversation yesterday regarding a 2012 F250 Reg Cab 4X4 w/ fisher minute mount plow.
Est Cost be around \$33,000 +/- for budget

Any questions or when you have the bid specs. Please let me know so we can provide you with a more accurate price.

Thanks,
Don Mailloux
Tasca Ford
1300 Pontiac Ave.
Cranston, RI 02920
Direct: 401-681-1344
dmailoux@tasca.com

KTP-002101 MA
9-NORMAL, 11B, 102101, BJ28, 000000096

UTC | | U | R | C | |
CERT | CERT | CERT | TRD | RAMP | BUMP | CAMP | BOOK | AFV | FSCPI

1FT7X2B63 CEA52723 NB



www.fordvehicles.com

VEHICLE DESCRIPTION

F-SERIES



2012 SD F250 4X4 SUPERCAB
XL 142" WB STYLESIDE
6.2L EFI V-8 ENGINE
6 SPEED AUTOMATIC TRANS

EXTERIOR
STERLING GRAY METALLIC
INTERIOR
STEEL VINYL

CE A52723

PRICE INFORMATION

Manufacturer's
Suggested Retail Price

STANDARD VEHICLE PRICE

\$33,940.00

OPTIONAL EQUIPMENT

PREFERRED EQUIPMENT PKG. 600A
6 SPEED AUTOMATIC TRANS NO CHARGE
LT265/70R17E OWL ALL TERRAIN 455.00
3.73 RATIO REGULAR AXLE NO CHARGE
POWER EQUIPMENT GROUP 895.00
XL DECOR PACKAGE NO CHARGE
MOLDED BLACK CAB STEPS 370.00
10000# GVWR PACKAGE
CALIFORNIA EMISSIONS SYSTEM NO CHARGE
SNOW PLOW PACKAGE 85.00
SPARE TIRE AND WHEEL NO CHARGE
12.5K TRAILER HITCH NO CHARGE
TELESCOPING TAIL MIRROR-POWR/HTD
ROOF CLEARANCE LIGHTS 55.00
JACK
UPFITTER SWITCHES 125.00
AUX AUDIO INPUT JACK
XL VALUE PACKAGE 595.00
CRUISE CONTROL
AM/FM STEREO CD/CLK
TOTAL OPTIONS 2,580.00

TOTAL VEHICLE & OPTIONS 36,520.00
DESTINATION & DELIVERY 995.00

STANDARD EQUIPMENT INCLUDED AT NO EXTRA CHARGE

EXTERIOR

- TOW HOOKS
- LOCKING REMOVABLE TAILGATE
- W/LIFT ASSIST-NA W/BOX DL
- PICKUP BOX, TIE DOWN HOOKS
- NA W/BOX DLT
- SPARE TIRE AND WHEEL LOCK
- NA W/BOX DLT
- BUMPERS, BLACK
- GRILLE - BLACK

INTERIOR

- AIR COND, MANUAL FRONT
- BLACK VINYL FLOOR COVERING
- VINYL SUN VISORS
- FOLD DOWN REAR BENCH

FUNCTIONAL

- FIXED INTERVAL WIPERS
- AM/FM STEREO W/CLOCK
- DAY/NIGHT REARVIEW MIRROR
- MANUAL LOCKING HUBS

- MANUAL TRAILER TOW MIRRORS
- MANUAL WINDOWS / LOCKS
- MONO BEAM COIL SPRING
- SUSPENSION W/ STABIL BAR
- TRAILER TOW PKG
- SAFETY/SECURITY
- 4-WHEEL ABS
- DRIVER/PASSENGER AIR BAGS
- SECURITY LOCK PASS ANTI THEFT
- WARRANTY
- 3YR/36,000 BUMPER / BUMPER
- 5YR/60,000 POWERTRAIN
- 5YR/60,000 ROADSIDE ASSIST

EPA Fuel Economy Estimates

FUEL ECONOMY
RATINGS NOT REQUIRED
ON THIS VEHICLE



See the FREE Fuel Economy Guide at dealers or www.fueleconomy.gov



| | | | |
|--------------------------------|----------------------|--|-------------------|
| SOLD TO | CX# | DEALER NO. | METHOD OF TRANSF. |
| | CA04 | | CONVOY |
| SHIP TO (IF OTHER THAN SELLER) | TVD | | ITEM #: |
| | | 1FT7X2B63CEA52723 | 11-8700 O/T 2 |
| SHIP THROUGH | FINAL ASSEMBLY POINT | This vehicle is without warranty by the Federal Government. Information regarding this vehicle is provided for informational purposes only and does not constitute a warranty. | |
| | KTP LT. TRK. | BJ281 N RB 2X 215 002101 09 28 11 | |



EXTENDED
SERVICE
PLAN

Ford Extended Service Plan is the only service contract backed by Ford and honored at all Ford and Lincoln Mercury Dealers. Ask your dealer for prices and additional details or see our website at www.ford-esp.com.

TOTAL MSRP

\$37,515.00

GOVERNMENT SAFETY RATINGS

Frontal Driver Not Rated
Crash Passenger Not Rated

Star ratings based on the risk of injury in a frontal impact.
Frontal ratings should ONLY be compared to other vehicles of similar size and weight.

Side Front seat Not Rated
Crash Rear seat Not Rated

Star ratings based on the risk of injury in a side impact.

Rollover ★ ★ ★

Star ratings based on the risk of rollover in a single vehicle crash.

Star ratings range from 1 to 5 stars (★★★★★), with 5 being the highest.
Source: National Highway Traffic Safety Administration (NHTSA).

www.safercar.gov or call 1-888-327-4236



11/21/2011